ASSOCIATED NEUROLOGICAL SPECIALTIES

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Patient Name:_____ Today's Date:_____

CHIEF COMPLAINT-NECK PAIN

1. <u>Where is the pain?</u> Touch the spot where the pain is.

2. <u>Does the pain radiate down the arm- to the arm or hand?</u>

3. <u>Is there any sensory change numbness, or tingling?</u>

4. <u>Is there is numbness and tingling: Where? Which fingers are involved?</u>

5. <u>When does the tingling occur? Is the tingling worse at night in sleep?</u>

6. <u>Is your neck pain one-sided or bilateral- both sides?</u>

7. <u>Is one side more painful than the other? _____ If so, which?</u>

8. <u>Have you had a serious head trauma, automobile accident, or whiplash?</u>

9. <u>Have you had any diagnostic testing? If so, when and where?</u>
    A. <u>MRI scan</u>

    B. <u>Test of nerves by EMG</u>

10. <u>What medications do you take for the pain? Does the medication work?</u>

11. <u>Does the pain affect your sleep or occur out of sleep?</u>

12. Have you lost any strength in your arms or hands?

13. Do you have trouble opening jars or lifting?

14. Do the muscles jump or quiver under the skin?

15. Have you taken any therapy? If so, with what results?

16. Does the shoulder joint, itself, hurt?

17. Does the pain interfere with your lifestyle?