SPINE & INJURY
CLINIC OF LARAMIE, PC

Returning Patient Update

Oswestry Score:______

NDI Score:______

Please help us keep our records current by providing us with the following information. Thank you.

Today's Date:__________________

Patient Name: ____

Address:______________________ City:________________ State:_________ Zip: ______

E-mail: ___________________________________

Cell Phone: _________________________ Home Phone: _____________________

Best time and place to reach you: __________________________________

Insurance Provider and Policy #: ____________________________________

PATIENT CONDITION

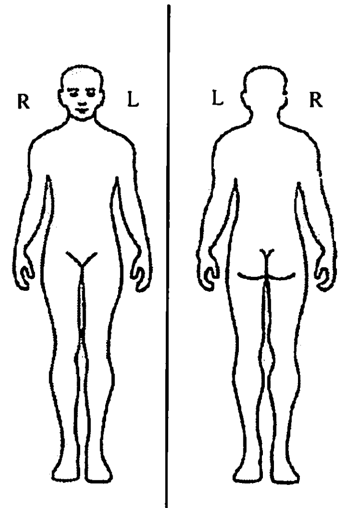
Reason for Visit____

When did your symptoms appear?______________________________

☐ Is this condition getting progressively worse?

☐ Yes ☐ No ☐Unknown

Mark an X on the picture where you continue to have pain, numbness, or tingling.



Rate the severity of your pain on a scale from 1 (least pain) to 10 (severe pain) _______

Type of pain: ☐ Sharp ☐ Dull ☐ Throbbing ☐ Numbness ☐ Aching ☐ Shooting
☐ Burning ☐ Tingling ☐ Cramps ☐ Stiffness ☐ Swelling ☐ Other

How often do you have this pain? _____________________________

Is it constant or does it come and go?__________________________

Does it interfere with your ☐ Work ☐ Sleep ☐ Daily Routine ☐ Recreation ☐ Lying Down

Activities or movements that are painful to perform ☐ Sitting ☐ Standing ☐ Walking ☐ Bending

Please list and briefly explain any recent surgeries, hospitalizations, or health issues within the last year:

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Please list any medications you are currently taking: ______________________________

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