



# Spine Institute of Louisiana

1500 Line Avenue  
2<sup>nd</sup> Floor  
Shreveport, LA 7110

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

1. CHIEF COMPLAINT:

2. DATE OF ONSET/INJURY?

3. IF INJURY, HOW WERE YOU INJURED?

4. HAVE YOU BEEN TREATED FOR THIS CURRENT EPISODE? IF SO:

DOCTOR'S NAME:

CITY:

WERE X-RAYS OR OTHER STUDIES MADE? IF SO, GIVE DETAILS.

IS THE MEDICINE HELPING?

5. IF CURRENTLY EMPLOYED, HOW MUCH WORK LOST FOR THIS PROBLEM?

6. ARE YOU NOW BETTER, THE SAME, OR WORSE SINCE THE ONSET?

7. DESCRIBE YOUR PAIN:

8. PREVIOUS PROBLEMS WITH THIS PART OF THE BODY? IF SO GIVE DETAILS.