

Trinitas Diagnostic Imaging

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Lumbar Spine Questionnaire

If you're coming to our center for this test, print this page, fill out the form and bring it in with you on the day of your appointment.

FIRST NAME

LAST NAME

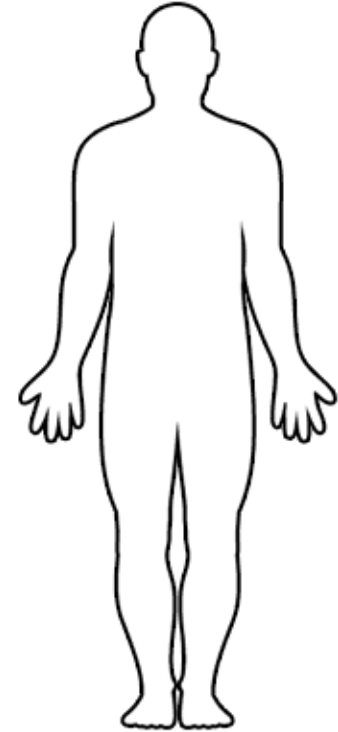
AGE

WEIGHT

DATE

WHAT WAS YOUR CHIEF COMPLAINT WHEN YOU VISITED YOUR DOCTOR?

WHAT DO YOU THINK CAUSED THE PROBLEM?



Please circle the portion of your body that is in pain.

DOES YOUR PAIN GO DOWN YOUR LEG? YES NO

(IF YES, WHICH?):

DO YOU HAVE ANY NUMBNESS OR WEAKNESS? YES NO

(IF YES, WHERE?):

HAVE YOU HAD SPINE SURGERY ? YES NO

(IF YES, WHEN AND WHAT WAS DONE?):

ANY OTHER MEDICAL CONDITIONS? YES NO

IF YES, PLEASE EXPLAIN:

DESCRIBE YOUR GENERAL HEALTH: