

Pre-Exam Questionnaire - POST-SURGERY

1. On what part of the body did you receive surgery?
2. When was the surgery? ___/___/20___
3. Why did you need surgery?
4. When was your most recent X-ray? ___/___/20___ What were the results?
5. When was your most recent MRI? ___/___/20___ What were the results?
6. What type of problems are you experiencing now?
7. My pain/problem is slowly getting... worse better staying the same
8. My pain bothers me constantly most of the time only occasionally once in awhile
9. On a scale from 1 to 10, what is the worst your pain/problem has been in the past several days? ___/10 <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> <i>Mild</i> <i>Medium</i> <i>Severe</i> </div> <div style="display: flex; justify-content: space-between; font-size: x-small; margin-top: 2px;"> 1----- 5----- 10 </div>
10. Do you have any regular numbness or tingling? Yes No
11. What seems to make your pain worse?
11a) When it does get worse, how long does it take before calming back down? _____
12. What do you do to make it feel better?
13. List any medications you are currently taking?
14. List all medical conditions you have, or were told you have?

 Patient Name

 Signature

___/___/20___
 Today's Date