

To better determine if X-rays are needed prior to being seen, please answer a few questions about your condition:

- 1) Has your pain been present on a daily basis for longer than 3 months?
Yes _____ No _____
- 2) Have you been through at least 6 weeks of conservative care (home exercise program, physical therapy, chiropractic care, activity modification, etc) without resolution of your symptoms?
Yes _____ No _____
- 3) Do you have a history of cancer?
Yes _____ No _____
- 4) Have you had any recent unexplained weight loss?
Yes _____ No _____
- 5) Have you had any loss of control of bowel or bladder function?
Yes _____ No _____
- 6) Does your pain wake you from sleep?
Yes _____ No _____
- 7) Have you had spine surgery in the past?
Yes _____ No _____
- 8) Are you seeing us for a surgical consultation or seeking a second opinion?
Yes _____ No _____
- 9) Did you have a traumatic event that caused your pain?
Yes _____ No _____
- 10) Did you bring recent x-rays from another facility?
Yes _____ No _____

Signature: _____ Date: _____