



# Southlake Orthopaedics

Sports Medicine and Spine Center

## Dr. Kim's Patient Intake Questionnaire

Name: \_\_\_\_\_ Date: \_\_\_\_\_

How did your symptoms start:  Suddenly  Gradually  Chronic/recurrent

Have you had spine surgery in the past?  Yes  No **If Yes, Type of Procedure:** \_\_\_\_\_

What activities/positions make it worse:

- Sitting
- Standing
- Walking
- Lying down
- Bending
- Lifting
- Coughing/sneezing
- Sleep postures
- Getting in/out of bed
- Getting in/out of chair
- Driving
- Computer work
- Stair climbing
- Neck movements
- Arm movements
- Leg movements
- First morning symptoms
- End of day symptoms
- Other: \_\_\_\_\_

What activities/positions/interventions make it better:

- Lying down
- Sitting
- Walking
- Bending forward
- Exercises
- Changing positions
- Reclined positions
- Ice
- Heat
- Medications
- Better as the day progresses
- Others: \_\_\_\_\_

**Expectations:** What expectations do you have for your treatment at this office?

(Select only ONE response for each statement)

<b>As a result of my treatment, I expect...</b>	<b>Not likely</b>	<b>Slightly Likely</b>	<b>Somewhat Likely</b>	<b>Very Likely</b>	<b>Extremely Likely</b>
Complete pain relief	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moderate pain relief	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do more everyday household or yard activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To sleep more comfortably	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To do my usual work/job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To do recreational activities (sports, walking, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>