

LOW BACK PAIN TRIAGE

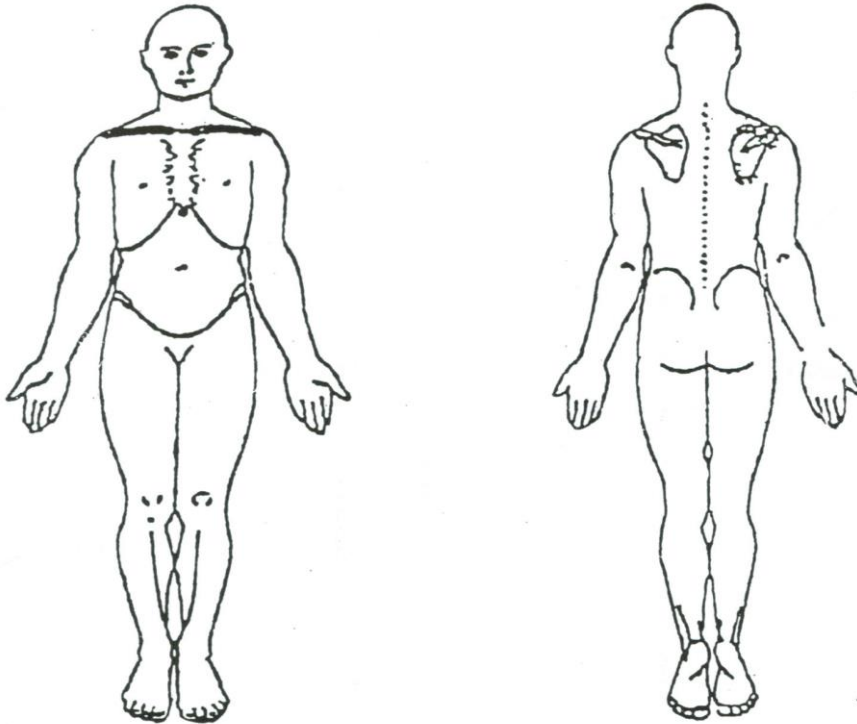
Name: DOB: Date:

Please map on the body chart below where you get your back symptoms

Please mark any leg pain if you think it is related to your back pain

xxx= pain

////= pins & needles or numbness



Which movements or positions aggravate your symptoms?

Which movements or positions ease your symptoms?

0 1 2 3 4 5 6 7 8 9 10 Please mark along the line the severity of your pain (10 being the worst pain)

How and when did your back pain start?

Relevant Medical History	Yes	No	Comments
Have you been given a diagnosis for your back pain? If yes please give details			
Have you had any previous treatment for your back pain? If yes please give details			
Have you had any previous investigations on your back (MRI, X-Ray)?			

General Health	Yes	No	Comments
Are you generally well at present?			
Are you diabetic?			
Are you Epileptic?			
Do you have asthma or any other breathing problems?			
Do you have any heart problems?			
Do you have blood pressure problems (even if controlled with medication)?			
Do you have any thyroid problems?			
Have you experienced any weight loss recently that cannot be explained by changes in your diet?			
Does the pain severely disturb your sleep?			
Do you have any history of Cancer?			
Do you suffer with Osteoarthritis / Rheumatoid Arthritis / Osteoporosis? If yes please detail			

Please note any other relevant medical information.

Please give details of any medications you are taking.

Pain	Yes	No	Comments
Has the pain in your back worsened or changed significantly since your last visit to your GP/Consultant?			
Sensation			
Are you experiencing any new pins and needles / numbness or weakness in your legs?			
Do you have any loss of feeling, pins and needles or numbness between your inner thighs, genitals or buttocks?			
Bladder Function			
Can you tell when your bladder is full?			
Have you noticed any difficulty controlling your bladder (trying to urinate, stopping or controlling flow of urine)?			
Bowel Function			
Have you noticed any difficulty controlling your bowels or loss of sensation when passing a bowel motion?			
Sexual Function			
Have you noticed a change in sexual function? (difficulty with erection or ejaculation or loss of sensation in genitals during intercourse)?			

