PHYSICIAN SUPPLEMENTAL RECORD									
BACK PAIN									
PATIENT'S NAME: _			_ DATE: _		AGE:	SEX:	M / F		
	A3 P	A4 <b>R</b>	A5 T	A6 <b>HT</b>	[]Stated A	7 WT	[]Stated		
CC5 TIME OF PAIN ONSET:									
CC1 LOCATION OF I			·						
CC2 CHARACTER OF PAIN: []sharp []burning []pressure []crushing []tearing									
RADIATION OF PAIN: []neck []chest []abdomen []left leg []right leg []left arm []right arm									
CC3 SEVERITY: (0=none, 10=worse)   MEDICATIONS TAKEN:   ALLERGIES:									
MEDICATIONS TAKEN:					ALLEKGIES:				
CC7 PAIN MADE WORSE BY: []movement []eating []exertion []breathing []supine   CC7 PAIN RELIEVED BY: []rest []sitting []medication									
INJURY: []Yes []No HOW INJURED: []no injury []struck []fell []lifting []bending []MVA.									
TIME OF INJURY:									
FELL FROM:			A DISTANC	A DISTANCE OF:					
	101								
[]AMBULATORY	[]NAUSEA		[]VOMITING []DIAPHORES		HORESIS				
[]DIZZINESS	[]DYSURIA								
[]CONGESTION	[]FEVER		[]PAIN ON STANDING []PAIN WITH EX		WITH EXE	RTION			
[]PAIN WITH COUGH	[]PAIN WIT	H BREATHING	[]PAIN A	[]PAIN AT REST []PAIN WITH EATING		ING			
[]LEFT LEG NUMBNE	ESS []RIGHT LE	G NUMBNESS	LEFT LE	LEFT LEG TINGLING []RIGHT LEG TINGLI			GLING		
PAST HISTORY:									
[]CHEST PAIN []	HEART DISEASE			IS []MYOCARDIAL IN					
[]ULCERS []	HIATAL HERNIA	[]HEART/CHEST SU	HEART/CHEST SURGERY []ABDOMINAL SURGERY []CI		[]CHEST	ΓRAUMA			
[]BACK INJURY	(date)	(date) []BACK SURGERY(date)							
[]BACK X RAY: READ BY []ED PHYSICIAN []RADIOLOGIST []OTHER									
[]CHEST X RAY:		READ BY []	ED PHYSICIA	N []RADIOLOGIS	T []OTHER _				

## DIFFERENTIAL DIAGNOSIS AND/OR HIGH RISKS:

Strain, Degenerative disease, Trauma, Osteoporosis, Aneurysm, Renal stone, Ulcer Disease, Gallbladder disease, Pancreatitis, Arthritis, Dysmenorrhea, Pelvic inflammatory disease, Herniated disc, Pyelonephritis, Urinary tract infection, Sciatica.

N	07	ГES

Print Physician's Name

Physician's Signature

Date

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