

ASHLAND ORTHOPEDIC ASSOCIATES CASE HISTORY

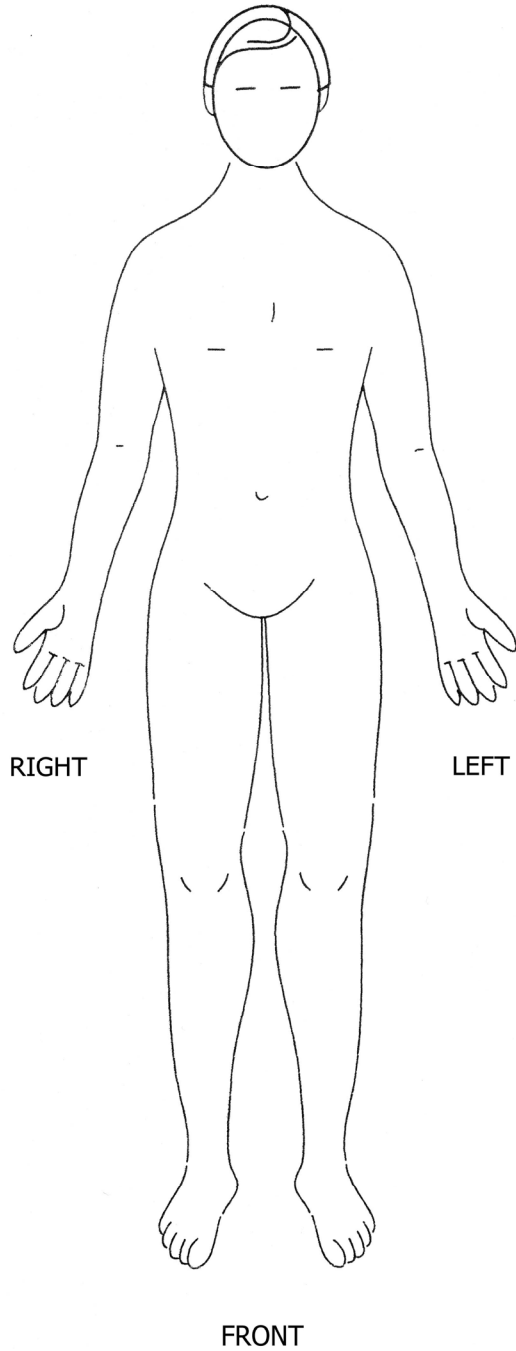
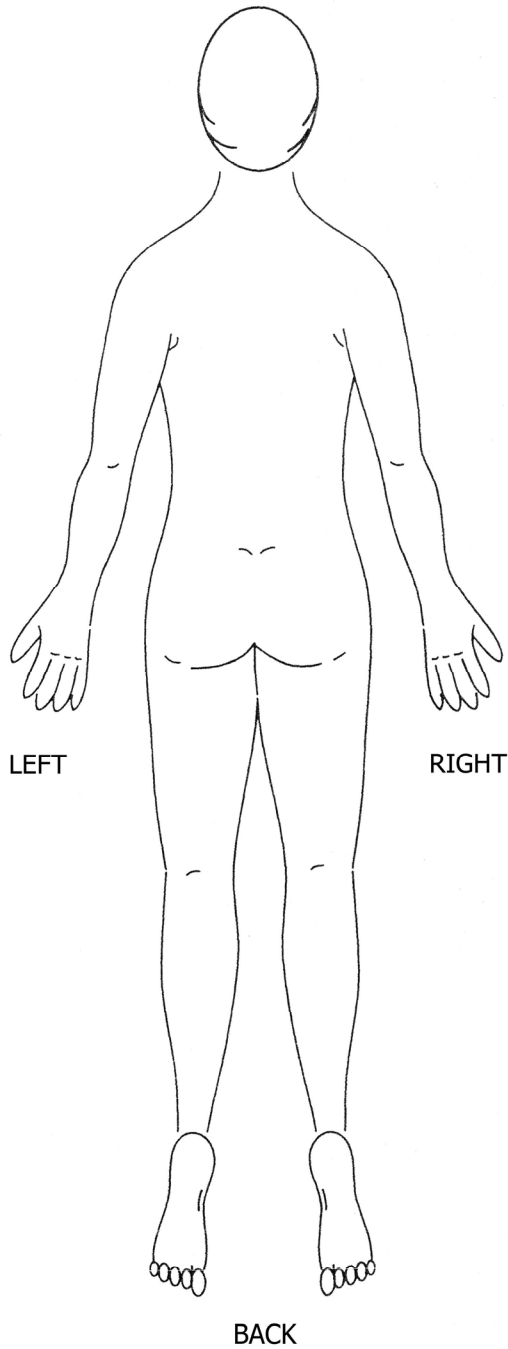
Patient Name _____ Date Completed _____

PATIENT WITH SCOLIOSIS:

PAIN DRAWING

The pain drawing will help us to understand the pain you have been experiencing.
Please diagram your pain using the following symbols:

Numbness — — —	Burning X X X	Pins & Needles O O O	Stabbing / / /	Other * * *
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SCOLIOSIS QUESTIONNAIRE

1. When did you first notice or were told you have scoliosis?

2. Other family members with scoliosis:

3. Do you notice any deformity? _____
Is the deformity getting ___worse ___better ___same

4. Do you have any back pain? _____
Is the back pain getting ___worse ___better ___same

5. Do you have any ___leg pain ___weakness ___numbness
Is this getting ___worse ___better ___same
How far can you walk? _____

6. Do you have any bowel or bladder trouble? _____

7. Psychiatric treatment?: Now: YES / NO Ever: YES / NO

What do you do for recreation? (Every day, weekly, monthly, rarely)

- 1. _____
- 2. _____
- 3. _____

Kind of Scoliosis
1. Adolescent
2. Congenital
3. Marfan
4. Other: _____
Current job: _____
Back Surgeries/Dates: _____

Tests / Dates:
X-Ray _____
MRI _____
CT _____
Myelogram _____