



# NORTH DOVER

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## R A D I O L O G Y

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### *LUMBAR SPINE QUESTIONNAIRE*

Name \_\_\_\_\_ DOB \_\_\_\_\_ AGE \_\_\_\_\_

What complaints or symptoms lead you to see your doctor? \_\_\_\_\_

How long have you had these symptoms? \_\_\_\_\_

Have you ever had trauma or injury to your lower back? \_\_\_\_\_ When? \_\_\_\_\_

If yes, please describe \_\_\_\_\_

Do you have back pain? \_\_\_\_\_ For how long? \_\_\_\_\_

Do you have pain, numbness or tingling in any of the following areas? Please check where appropriate:

	LEFT	RIGHT
Buttocks	_____	_____
Front of thigh	_____	_____
Back of thigh	_____	_____
Calf	_____	_____
Foot near big toe	_____	_____
Foot near small toe	_____	_____

Do you have difficulty urinating? \_\_\_\_\_

Do you have weakness of the legs? \_\_\_\_\_ Left \_\_\_\_\_ Right \_\_\_\_\_

Do you have difficulty raising your foot? \_\_\_\_\_ Left \_\_\_\_\_ Right \_\_\_\_\_

Do you have difficulty lowering your foot? \_\_\_\_\_ Left \_\_\_\_\_ Right \_\_\_\_\_

Please list any other medical problems that you have, or have had in the past.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_:

Please list any and all medications you are currently taking.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_