AKSIS | neurosurgery, orthopedics and physical therapy

SYMPTOMS FORM

Full name _____ **Today's date** _____

Address _____ **Date of birth** _____

Phone number _____ **Occupation** _____

1. **When and how your symptoms and complaints started:** _____

   _____

2. **Which activities make your symptoms worse:**

   ☐ During exercise
   ☐ After exercise
   ☐ Sitting
   ☐ Standing
   ☐ Lying down
   ☐ Bending forward
   ☐ Bending backward
   ☐ Coughing
   ☐ Sneezing
   ☐ other: _____

3. **Which activities reduce your symptoms:**

   ☐ Lying down
   ☐ Sitting
   ☐ Walking
   ☐ Standing
   ☐ Physical therapy
   ☐ Pain killers
   ☐ Bending forward
   ☐ Bending backward
   ☐ other: _____

4. **How long have you had any back / neck pain**: _____ months.

5. **How long have you had any leg / arm pain**: _____ months.

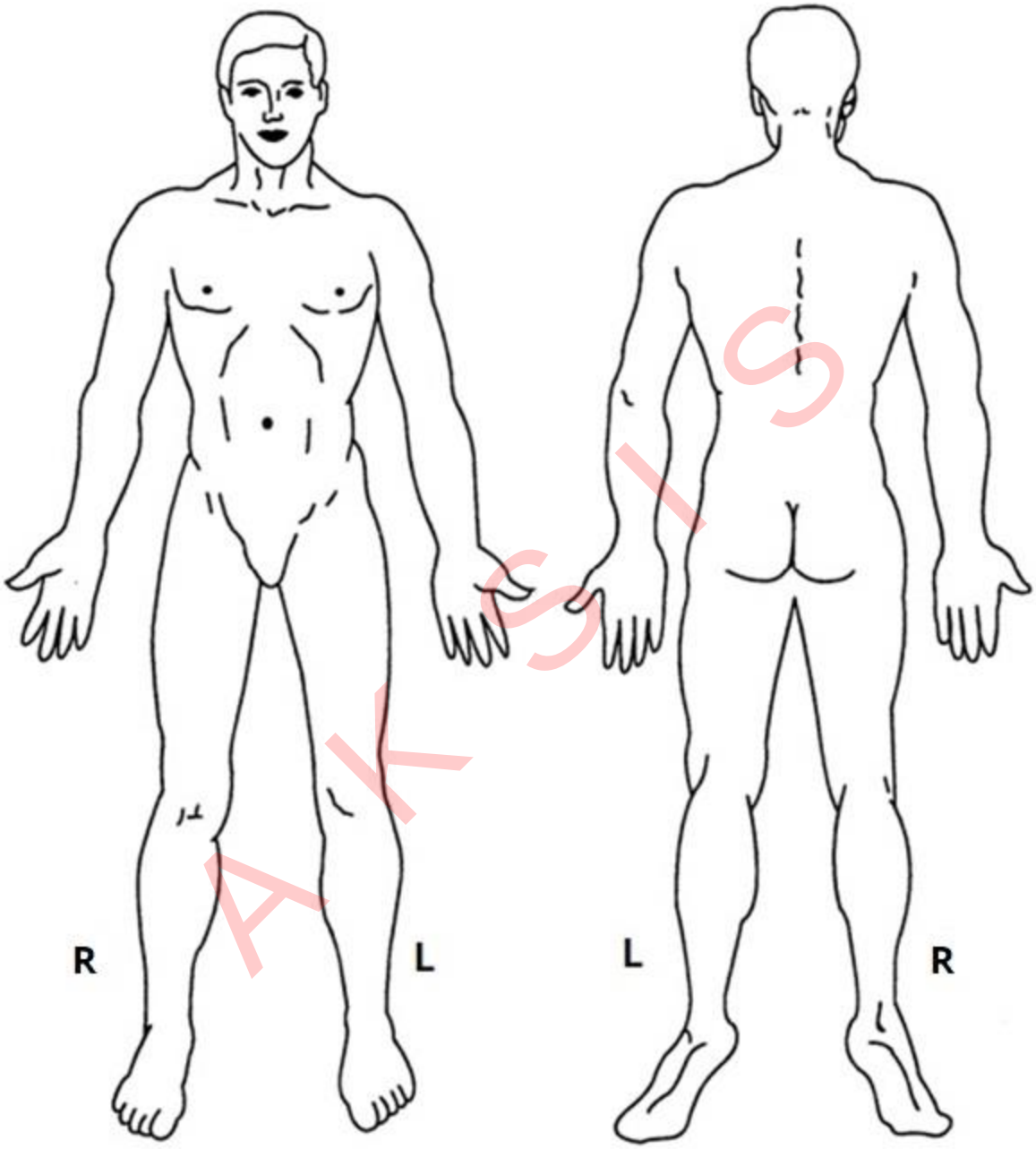
6. **Have you had back or neck surgery (when, where, which type of surgery)?**

   _____

   _____

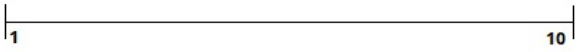
7. Location and distribution of your symptoms: please on this picture mark areas where you feel certain sensations (pain, numbness, pins, burning, stabbing):

ΛΛΛΛ		oooo		====		xxxx		/ / / /	
ΛΛΛΛ	**pain**	oooo	**numbness**	====	**pins**	xxxx	**burning**	/ / / /	**stabbing**
ΛΛΛΛ		oooo		====		xxxx		/ / / /	

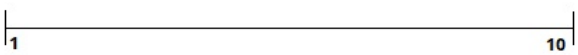


8. Please mark on line

How bad is your back / neck pain now:



How bad is your leg / arm pain now:



(1 = no pain, 10 = worst possible pain)

9. **Written description of your symptoms, pain, complaints and anything else you this is important to mention:**

_____

_____

_____

_____

_____

_____

_____

10. **Which pain would you characterize as stronger and more dominant:**

- ☐ Pain in the extremities (legs or arms)
- ☐ Pain in the spine (back or neck)

11. **Do you have foot drop/weakness or arm/hand muscle weakness??**

- ☐ Yes (please specify what: _____)
- ☐ No

12. **Can you control (hold) stool and urine?**

- ☐ Yes
- ☐ No

13. **Insurance status:**

- ☐ Private patient (who finances the treatment with his own funds)
- ☐ Internationally insured patient (Cigna, Bupa, AP Companies, etc.)

SIGNATURE:

_____