ORTHOPAEDIC ASSOCIATES
OF CENTRAL TEXAS

THE SPINE CENTER

# NEW PATIENT INFORMATION FORM

**Mustasim N. Rumi, M.D.** • Specializing in Disorders of the Spine • Fellowship Trained Spine Surgeon

**Patient Name**: _____

**Date**: _____ **DOB**: _____

How were you referred to The Spine Center at RROR? ❑Physician ❑Patient / Friend ❑Reputation
❑Insurance ❑Advertisement ❑Other: _____

Referring Physician or Referral Source: _____

Primary Care Physician: _____

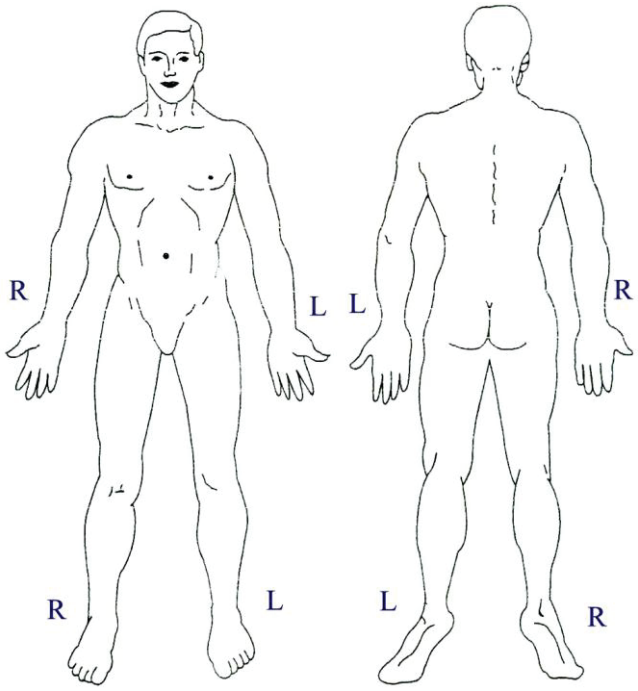
Address: _____

List other physicians with whom you have consulted in the past year for this problem:

## ORTHOPAEDIC PAIN CHART

Mark the areas on your body where you feel the described sensations using the appropriate symbol from the list below. Please include all affected areas

| | | |
|---|---|---|
| Numbness | = | = = = = = = = = = |
| Pins & Needles | = | 0 0 0 0 0 0 0 0 0 |
| Aching Burning | = | * * * * * * * * * |
| Stabbing | = | / / / / / / / / / |




Please indicate your pain level by placing a line below with "0" = no pain and "10" = worst pain imaginable

Example: Pain
0 10

Pain at its Worst
0 10

Pain at its Best
(Lying Down, Resting)
0 10

Pain on Average
0 10

## History of Present Complaint

1. How long have you had this problem? _____ Since ____ / ____ / _____

2. Briefly, please describe how this problem started & your pain/problem now:

_____

_____

_____

3. Have you had any past episodes of similar pain or injury? ❑ No ❑ Yes - (Please Describe):

_____

_____

_____

_____

4. Have you had spine surgery in the past? ❑ No ❑ Yes - How many times:_____

What type of operation? ❑ Neck ❑ Back ❑ Discectomy ❑ Laminectomy ❑ Fusion

❑ Other:_____ What spinal level?_____

When was your most recent spine operation? _____

What was the name of your surgeon? _____

Did you improve from your spine operation? ❑ No ❑ Yes

5. Current work status: ❑ Working regular duty ❑ Working restricted duty
(Since_____ ❑ Retired ❑ Disabled (Since _____)
❑ Student ❑ Homemaker ❑ Unemployed

6. Which of the following best describes your ratio of neck & arm or back & leg discomfort (if appropriate)

a. Neck greater than Arm
b. Neck equal to Arm
c. Neck less than Arm

a. Back greater than Leg
b. Back equal to Leg
c. Back less then Leg

7. For any pain/numbness in your arm(s) or leg(s) which side is worse?

a. Right greater than Left
b. Right equal to Left
c. Right less than Left

8. Are your symptoms:

a. Better since the time of onset.
b. Worse since time of onset.
c. No change

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## Past Spine History

9. Of the following list of treatments, please indicate the effect of those which have been used in an attempt to help your present injury.

| | Which type (explain) | Helpful | Not Helpful |
|---|---|---|---|
| Anti-inflammatory | _____ | ❑ | ❑ |
| Muscle Relaxants | _____ | ❑ | ❑ |
| Pain Medications | _____ | ❑ | ❑ |
| Hot Packs | _____ | ❑ | ❑ |
| Ultrasound | _____ | ❑ | ❑ |
| Tens Unit/Muscle Stim | _____ | ❑ | ❑ |
| Physical Therapy | _____ | ❑ | ❑ |
| Chiropractor | _____ | ❑ | ❑ |
| Spinal Injections | _____ | ❑ | ❑ |
| Acupuncture | _____ | ❑ | ❑ |
| Traction | _____ | ❑ | ❑ |
| Other | _____ | ❑ | ❑ |

10. Please indicate whether you have had any of the following studies.

| | Yes | When/Where | | Yes | When/Where |
|---|---|---|---|---|---|
| X-Ray | ❑ | _____ | CT Scan | ❑ | _____ |
| MRI | ❑ | _____ | Myelogram | ❑ | _____ |
| EMG | ❑ | _____ | Discogram | ❑ | _____ |
| Bone Scan | ❑ | _____ | Bone Density | ❑ | _____ |

11. Please use the back of this page to describe anything else related to your problem that you feel we should know.

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