SPINAL DECOMPRESSION QUALIFICATION QUESTIONS

_____ Birth Date _____Age _____Weight _____lbs

_____Cell#_____Email:_____

_____ Referred by:_____ CA Initial:_____

Questions for New Patient Consultation:

1. Are you seeking Pain Relief or Healing with Spinal Decompression Therapy or both?

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2. Have you seen your Physician about this? Yes or No (circle) If Yes what was the nded Treatment, What was the Diagnosis?

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3. Where is the Pain Located? _____

4. Are you concerned that you may need Surgery? _____

5. When was your MOST RECENT MRI or CT Scan? _____if within 2 them to forward them to our office. Where was it performed?

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6. Have you ever had surgery in the problem area? No____ Yes____ Brief Description

7. Do you have any breathing conditions? No_____ Yes_____ are they? _____

8. Do you have COPD or Asthma or Emphysema? _____

Any Questions that are Answered Yes from this Point may Automatically Disqualify Patients, but continue with questions. Circle Corresponding Answers.

Pregnant? Yes_____ No_____

Application for Admission
Severe Back/Neck Pain Solution Program

letermining if you qualify for this elective procedure. Please fill in this application so tha
:mine:
'e a legitimate candidate for this program based upon your medical history, and
:ondition is Serious enough to warrant your case being accepted for treatment.

_____ Date:_____

_____ consent to allow the doctor to speak
l perform an examination (If Necessary) in order to determine if I am a good candidate
:gical Spinal Decompression and also to determine if he is willing to accept my case.

ı hear about us? _____

s do you think your Problem is? _____

r main problem/symptom prompting your request for a consultation?

Would you consider this problem is:

_____ MINIMAL (Annoying but causing NO limitations)
_____ SLIGHT (tolerable but causing a little limitations)
_____ MODERATE (sometimes tolerable but definitely causing limitations)
_____ SEVERE (Causing significant limitations)
_____ EXTREME (Causing near constant 80% or more limitations)

: of the fact that you are not a specialist, you are in fact the person who knows more abou
'oblem than anyone else. In your own opinion what do you think the real problem is?

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re you hoping happens as a result of your consultation?

'our Back/Neck Pain became this severe what 3 things has it caused you to miss the mos

_____

_____

_____

ong have you been like this?

_____ 1 month _____ 3 months _____ 6 months_____
_____ 2 years _____ 5 years _____ 6 years or more _____