

OAD SPINE FORM



Today's Date: _____

Age: _____

Patient Name: _____

Initial Visit: _____

Follow Up: _____

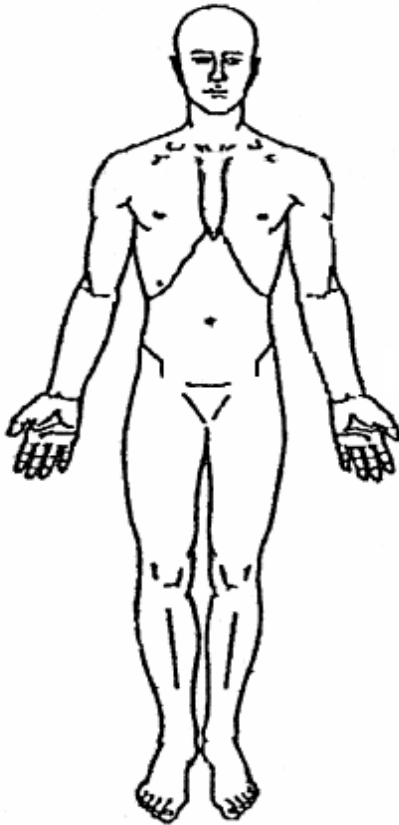
Preprocedure: _____

Postprocedure: _____

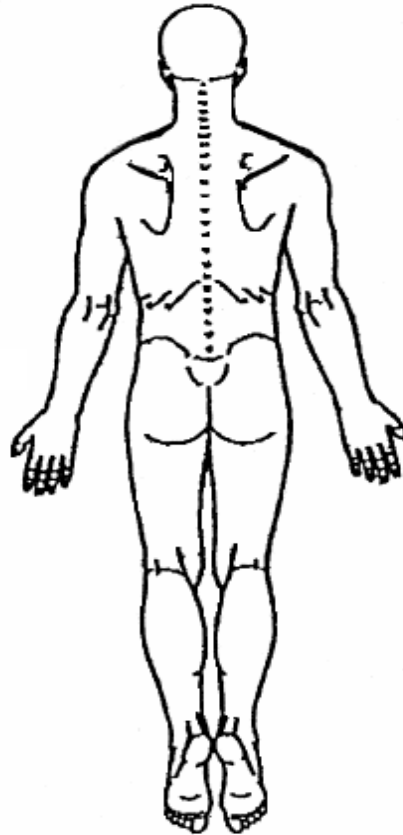
Instructions:

Mark these drawings according to where you hurt (i.e., if the right side of your neck hurts, mark the drawing on the right side of the neck, etc.). Please indicate which sensation you feel by referring to the key below.

Right



Right



Pain Level:

0 1 2 3 4 5 6 7 8 9 10

Check the worst and best it's been and circle your current pain level

Key:

- 0 No pain
- 1 Mild pain; you are aware of it, but it doesn't bother you
- 2 Moderate pain that you can tolerate without medication
- 3 Moderate pain that requires medication to tolerate
- 4-5 More severe pain; you begin to feel antisocial
- 6 Severe Pain
- 7-9 Intensely severe pain
- 10 Most severe pain