

**NEW PATIENT QUESTIONNAIRE**

**Ben Pradhan, MD**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

What is your reason for visit? \_\_\_\_\_

How did it begin? SUDDENLY GRADUALLY ACCIDENT

Please explain: \_\_\_\_\_

How long has this been going on? \_\_\_\_\_

Is it CONSTANT OCCASIONAL INTERMITTENT? \_\_\_\_\_

Is it getting: WORSE SAME BETTER? \_\_\_\_\_

Rate the pain/discomfort from 1 to 10: LOW: 1 2 3 4 5 6 7 8 9 10 HIGH: 1 2 3 4 5 6 7 8 9 10

Does the pain/discomfort go into the arms or legs? Which one? ARMS LEGS Right Left

If pain/discomfort goes into arms or legs, is there NUMBNESS, TINGLING or WEAKNESS?

Other symptom \_\_\_\_\_

What makes it worse? LIFTING BENDING SITTING WALKING other \_\_\_\_\_

What makes it better? RESTING SITTING STANDING NOTHING other \_\_\_\_\_

Have you:

Lost control of bowel or bladder because of this? YES NO

If yes explain \_\_\_\_\_

Have you had any prior imaging done? X-RAYS CT MRI BONE SCAN

When was it done? \_\_\_\_\_ Where was it done? \_\_\_\_\_

Have you seen another doctor for this? YES NO (what type of doctor)? \_\_\_\_\_

Have you done Physical Therapy for this? YES NO

If yes: When was it done? \_\_\_\_\_ How many sessions? \_\_\_\_\_ Did PT help? YES NO

Have you had previous spine surgery for this problem? YES NO

What did you have done? \_\_\_\_\_

When was it done? \_\_\_\_\_ What Hospital? \_\_\_\_\_

Surgeon name? \_\_\_\_\_

Do you or have you used any assistive devices? CANE WALKER BRACE other \_\_\_\_\_

Taken any medication for this (what type/name)? \_\_\_\_\_

Had any spinal injections (epidural, cortisone) for this? YES NO

When? \_\_\_\_\_ Did they help? \_\_\_\_\_

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**STOP – DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY**

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Last office visit: \_\_\_\_\_

Reason for visit: \_\_\_\_\_

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