GUAM SLEEP CENTER

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ACCREDITED MEMBER CENTER

PATIENT NAME:	*DATE:*

BACK PAIN & LOWER EXTREMITY PAIN & NUMBNESS

Please answer the following questions to the best of your knowledge. Check all that apply.

Do you have low back pain?	☐ **NO** ☐ **YES**
Do you have leg pain?	☐ **NO** ☐ **YES**
Which leg is involved?	☐ **RIGHT** ☐ **LEFT** ☐ **BOTH**
Does your pain radiate from the back into the leg?	☐ **NO** ☐ **YES**
If so, into which leg does the pain shoot?	☐ **RIGHT** ☐ **LEFT** ☐ **BOTH**
What helps the pain?	
Is the pain worse or better with walking?	☐ **WORSE** ☐ **BETTER** ☐ **NEITHER**
Is there numbness and/or tingling in either leg?	☐ **NO** ☐ **YES**
If yes, which leg and where?	
Are you experiencing weakness in either leg?	☐ **NO** ☐ **YES**
If yes, what kind of activities are difficult to perform?	☐ **NO** ☐ **YES**
What kind of work do you do?	
How long have you had these symptoms?	
Have you experienced any new problems with your bowel or bladder functioning?	☐ **NO** ☐ **YES; Specify (optional):**
Do you have ☐ a cardiac pacemaker or ☐ a cardiac defibrillator?	☐ **NO** ☐ **YES**
Are you on blood thinners such as Coumadin or Warfarin?	☐ **NO** ☐ **YES**
Have you ever had low back surgery?	☐ **NO** ☐ **YES**
If yes, when and where?	
Have you had an MRI of the ☐low back, ☐ neck, or ☐ brain?	☐ **NO** ☐ **YES**
If yes, when and where?	