THE ANAND SPINE GROUP

444 S. SAN VICENTE BLVD, #901
LOS ANGELES, CA 90048
310-423-9779
www.anandspinegroup.com

Patient Name: _____ **Date**: _____

Date of Birth: _____ **City/State**: _____

Phone Number: _____ **Insurance:** _____

Email: _____ **Date of Symptom Onset**: _____

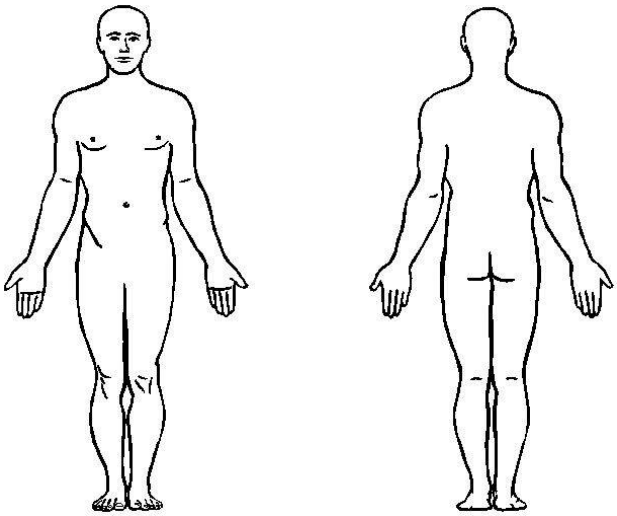
Chief Complaint: _____

_____

_____

- ☐ Neck Pain
- ☐ Arm Pain
- ☐ Back Pain
- ☐ Leg Pain
- ☐ Numbness
- ☐ Tingling
- ☐ Weakness
- ☐ Difficulty walking

Mark where your symptoms are present on the figures below:



Treatments:

☐ Physical therapy ☐ Chiropractic ☐ Acupuncture ☐ Epidural injections

☐ Pain medications (including dosages):

☐ Prior Spine Surgery (including dates):

☐ Other:

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Past Medical History:

- ☐ High blood pressure
- ☐ Heart attack
- ☐ CAD
- ☐ Atrial fibrillation
- ☐ Asthma
- ☐ COPD
- ☐ Hx of blood clot/PE
- ☐ Diabetes
- ☐ Thyroid disease
- ☐ Osteoporosis
- ☐ Kidney problems

☐ Cancer: _____

☐ Other: _____

_____

Social History:

- ☐ Currently working
- ☐ Retired
- ☐ Disabled
- ☐ Not currently working
- ☐ Smoker Number of cigarettes per day: _____
- ☐ Quit smoking
- ☐ Drink alcohol Number of drinks per day: _____

Medications (include all prescription meds, herbals, vitamins, over the counters, blood thinners):

Imaging Available (include date of service):

- ☐ X-rays
- ☐ MRI
- ☐ CT scan
- ☐ EMG/Nerve Conduction

For Office Use Only: Patient called on: _____

Recommendations: