

Spinal Referral Questionnaire

In order that your patient's attendance to the Spinal Clinic can be prioritised, the following **2 page** questionnaire must be completed and returned with your letter of referral. **Please ensure to return both pages.**

NAME OF PATIENT		DATE OF BIRTH	___/___/___
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Referring medical officer questionnaire

REFERRING DOCTOR		PHONE	
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What is the patient's main complaint?

- Neck pain
 Low back pain
 Thoracic back pain

Please tick as appropriate for the following questions		Yes	No
Q1	Does the patient have arm/leg pain?		
Q2	Does the pain extend below the elbow/knee?		
Q3	Is the arm/leg pain more severe than the neck/low back pain?		
Q4	Is there a defined area of arm/leg numbness?		
Q5	Is the patient unable to walk on their heels?		
Q6	Is the patient unable to walk on their toes?		
Q7	Is the patient unable to open the lid on a jar which has been previously opened?		
Q8	Is straight leg raising in one leg limited to less than 60 degrees by leg pain (not back pain)?		
Q9	Does your patient have a tumour, infection, rheumatoid condition (including ankylosing spondylitis) or a <u>recent</u> (<3 months) fracture of the spine?		
Q10	What do you think is the cause of your patient's condition (diagnosis)?		

Attach a letter of referral explaining the nature, onset and duration of the spinal complain and treatments tried to date. What are the principle symptoms and clinical signs? Include a COPY of any relevant radiology reports.

NAME OF PATIENT		DATE OF BIRTH	___/___/___
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Referred patient questionnaire

	Please indicate if you experience any of the following symptoms	Yes	No
Q1	Numbness and/or pain in the thighs down to the calves and shins.		
Q2	Numbness and/or pain increase in intensity after walking for a while, but are relieved by taking a rest.		
Q3	Standing for a while brings on numbness and/or pain in the thighs down to the calves and shins.		
Q4	Numbness and/or pain are reduced by bending forward		
Q5	Numbness is present in both legs.		
Q6	Numbness is present in the soles of both feet		
Q7	Numbness arises around the buttocks		
Q8	Numbness is present, but pain is absent		
Q9	A burning sensation arises around the buttocks		
Q10	Walking nearly causes urination		
Q11	Do you have difficulty climbing a flight of stairs?		
Q12	Do you have difficulty walking for 15 minutes?		
Q13	Do you have a feeling of residual urine in your bladder after voiding?		
Q14	Do you experience difficulty with initiating (starting) your urine stream immediately when you want to void?		
Q15	Do you have neck pain, shoulder pain, and neck stiffness?		
Q16	Do you have chest tightness?		
Q17	Do you have pain or numbness in the upper extremity?		
Q18	Do you have pain or numbness from chest to forefoot?		
Q19	Does the pain have one or more of the following characteristics? Burning, Painful cold, Electric shocks		
Q20	Is the pain associated with one or more of the following symptoms in the same area? Tingling, Pins and needles, Numbness, Itching		