To help us with the consultation, please complete this Questionnaire (4 pages). It should take approximately 15 minutes. Thank you in advance & the information you provide is vital.
Please bring your reading glass.

Affix Patient Label

Date Completed : ……..

1. **Surname:** .....

2. First Name : ..... **Age:** .....Years **DOB:** ..... **Sex: .....**

3. Mobile Number : ..... **Email :** .....

4. NHS ☐ **Self Pay** ☐ **Insured** ☐ **Insurer Name:** ……

Private Patient only: Membership Number :…… A**uthorisation Number:** ……

5. Home address: ……
…..……**Land Line :** ……..……..…

6. **GP Details:** ……..

7. **Occupation now or Retired as :** .....; Unemployed (from.....) / Student / Housewife

8. **What percentage % of your work involves –** Heavy activities …….; Moderate Activities ……; Light Activities…….;Sitting…….;Standing……..;Travelling……..; Driving……..; Repetitive Bending & Twisting……..

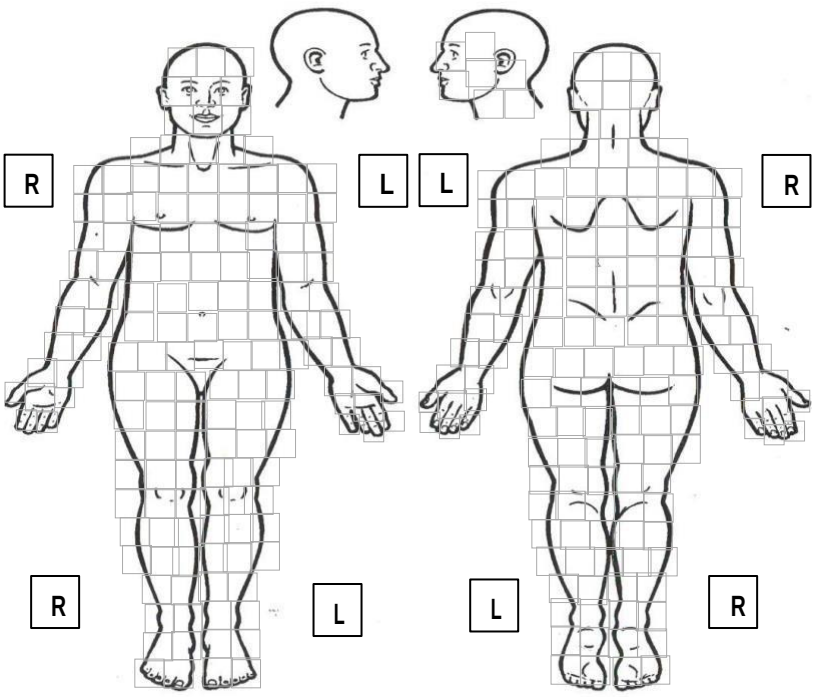
9. **If working – your status** Working in full capacity ☐ Working in full capacity but with limitation ☐ Working as light duties ☐ On Sick leave (from.....) ☐ Others .....

10. What are the concerns with your spine that has brought you to the clinic today? **(Circle the main concern)**
Pain ☐ Pin & Needles ☐ Numbness ☐ Weakness ☐ Bladder problem (refer page 3) ☐
Reduced mobility & function ☐ Reduced walking distance ☐ Others.....

Pain

11. **Where is your pain?**
Low Back pain ☐ Upper back pain (Thorax) ☐ Neck pain ☐
Pain in Lower limbs ☐ Pain to Upper limbs ☐

12. **Please click the box to indicate the area of pain distribution on the body diagram below**



Circle the region - Where the Pain is		
	Right	**Left**
Arm	☐	☐
Elbow	☐	☐
Forearm	☐	☐
Hand	☐	☐
Thumb & Index Finger	☐	☐
Middle finger	☐	☐
Ring & Little finger	☐	☐
	Right	**Left**
Buttock	☐	☐
Back of Thigh back	☐	☐
Hip / Front of thigh	☐	☐
Knee	☐	☐
Outer aspect of leg	☐	☐
Inner aspect of leg	☐	☐
Calf region	☐	☐
Ankle	☐	☐
Top of the foot	☐	☐
Sole of the foot	☐	☐
Big toe	☐	☐
Small toes	☐	☐

13. **Back pain or Neck pain -** On a score of 0 -10 where 0 is no pain and 10 is the worst pain imaginable, What would you score your average pain (A) and your worst pain (W) ?

Back pain (BP) - ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

Neck pain (NP) - ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

14. How long have you had Back or Neck pain for?

Back pain - ☐ < 6 weeks ; ☐ 3 - 6 mths; ☐ 6-12 mths; ☐ 1 to 2 yrs; ☐ Longer ☐ yrs

Neck pain - ☐ < 6 weeks ; ☐ 3 - 6 mths; ☐ 6-12 mths; ☐ 1 to 2 yrs; ☐ Longer ☐ yrs

15. **Lower limb** (Thigh / Leg / foot) **pain or Upper Limb** (Shoulder / Arm / Forearm / Hand) **pain -** On a score of 0-10 where 0 is no pain and 10 is the worst pain, what would you score average pain and your worst pain?

Lower Limb (LL) pain - ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

Upper Limb (UL) pain - ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

16. How long have you had Lower limb (LL) pain or Upper limb (UL) pain for?

Lower Limb (LL) Pain - ☐ < 6 weeks; ☐ 3 - 6 mths; ☐ 6- 12 mths ; ☐ 1 to 2 yrs; ☐ Longer ☐ yrs

Upper Limb (UL) Pain - ☐ < 6 weeks; ☐ 3 - 6 mths; ☐ 6-12 mths ; ☐ 1 to 2 yrs; ☐ Longer ☐ yrs

17. Which pain is worse - Back pain or Leg pain / Neck pain or Upper limb pain ?

☐ **Back pain >** Leg pain ; ☐ Leg pain **>** Back pain ; ☐ Leg pain = Back pain

☐ **Neck pain >** Upper Limb pain ; ☐ Upper Limb pain **>** Neck pain; ☐ Upper Limb pain = Neck pain

18. How would you describe the pain?

Back or Neck Pain - ☐ Aching ☐ Throbbing ☐ Stabbing ☐ Burning ☐ Other ☐

Lower Limb or Upper Limb Pain - ☐ Aching ☐ Throbbing ☐ Stabbing ☐ Burning ☐ Other ☐

19. What is the Duration of pain over all in a day?

☐ None of the time ☐ A little of the time ☐ Some of the time ☐ Most of the time ☐ All of the time

20. Is the pain changing in intensity in the last one months?

☐ Improving ☐ Staying the same ☐ Getting worse

21. Did the onset of pain coincide with any event?

☐ Gradual onset; ☐ After Heavy Activity or after lifting heavy weight; ☐ Bending or twisting Activity;

☐ Following an accident, Please specify_____, ☐ Other _____

22. What activities increase your pain symptoms?

Sitting : ☐ Yes ☐ No If Yes after how long (in minutes) _____

Standing : ☐ Yes ☐ No If Yes after how long (in minutes) _____

Lying Down : ☐ Yes ☐ No If Yes after how long (in minutes) _____

Bending Forwards : ☐ Yes ☐ No ; Lifting weight : ☐ Yes ☐ No

Sneezing & Coughing : ☐ Yes ☐ No ; Others : ……

23. What activities relieve the pain? .....

24. Does the pain wake you up from sleep or **disturb your sleep**?

☐ None of the time ☐ A little of the time ☐ Some of the time ☐ Most of the time ☐ All of the time

25. Is Walking distance Reduced? ☐ Yes ☐ No ; Do you lose balance when walking? ☐ Yes ☐ No

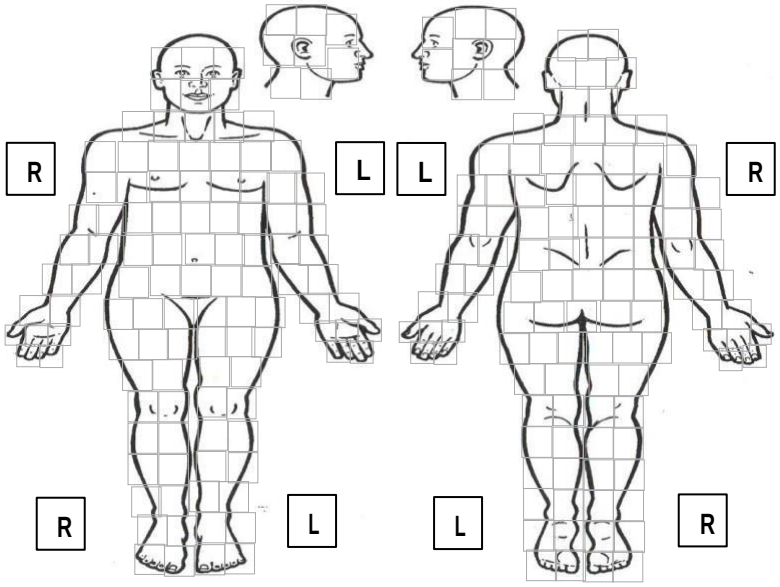
26. How long can you manage to walk in metres_____ or in Minutes_____ before symptoms arise in

☐ Back ☐ Leg ☐ Both

27. How much does your spinal problem stop you going to Work / College/ School?

☐ None of the time ☐ A little of the time ☐ Some of the time ☐ Most of the time ☐ All of the time

28. Do you get pins and needles / Numbness in the Lower limbs? ☐ Yes ☐ No How, long
29. Do you get Weakness of the Lower limbs ? ☐ Yes ☐ No How , long
30. Do you get pins and needles / Numbness in the Upper limbs ? ☐ Yes ☐ No , How long _____
31. Do you get Weakness in the Upper limbs ? ☐ Yes ☐ No , How long _____
32. **Please click on the box to indicate the area of Pins & Needle and Numbness in the diagram below**



If your answer to the questions number 33 below are YES, it means you would require urgent assessment & treatment. Please go to A&E & request for an urgent assessment & treatment within 6 to 12 hours, preferably in the nearby A & E or Tertiary spinal unit which has spinal on-call facilities (such as James Cook Uni Hosp, Royal Sunderland Hospital, RVI Newcastle, Leeds General Infirmary). As we are not a tertiary spinal unit, Mr Kalyan would not be able to provide urgent care. **Please cancel your appointment with Mr Kalyan** or if in doubt speak to your GP or my Private Secretary. It is your responsibility to obtain appropriate assessment & care.

33. **Do you have any of the following RED FLAG SYMPTOMS OR SIGNS (requiring Urgent assessment),** associated with your Spinal pain & symptoms, **which are of recent onset**

	Yes, means Red flags, Go to A&E		**Durations in days**
a) Bladder incontinence, Bladder retention, Urinary urgency, Difficulty in initiation or passing water (other than long standing stress incontinence due to old age / post childbirth; due to long standing Prostate problem, etc.)	☐ **Yes**	☐ No	
b) Incontinence of Bowel & Loss of Control of the Bowel	☐ **Yes**	☐ No	
c) Numbness in the Private parts/Back passage region	☐ **Yes**	☐ No	
d) Severe weakness - not due to pain, but due to reduced power to move the joints requiring wheelchair or walking aids OR Unable to move any major joints – such as hip, Knee, Ankle, Shoulder, elbow, Wrist, Fingers, etc.	☐ **Yes**	☐ No	
e) Sciatica pain in both legs	☐ **Yes**	☐ No	

34. Have you had any other problems with bladder & How long ? ☐ No, ☐ Stress Incontinence (age related), ☐ Bladder problem following childbirth or Hysterectomy surgery ☐ Prostate problem / Surgery ☐ Bladder Prolapse, ☐ Bladder Surgery_____; From When_____, what treatment so far? _____
35. Have you had any other problems with bowel & How Long ? ☐ No , ☐ Constipation, ☐ Irritable bowel disease, ☐ Ulcerative Colitis / Crohns Disease ☐ Rectal prolapse ☐ Anal fissure / Haemorrhoids ☐ Uterus prolapse; From When & What treatment so far _____
36. Do you think any of your Bowel or Bladder problem is related to your spine problem? ☐ No , ☐ Yes _____
37. Do you do any recreational activities or Sports? ☐ No ☐ If Yes, please specify_____
38. How much does your pain stop you from doing sports or overall activities?
☐ None of the time ☐ A little of the time ☐ Some of the time ☐ Most of the time

39. Have you been admitted to hospital or attended the A&E because of Spinal pain?
☐ No ☐ Yes (please provide details) _____

40. Have you had any treatment for your spine problem?
☐ Chiropractic , ☐ Osteopathy, ☐ Physiotherapy, ☐ Acupuncture, ☐ Massage ☐ Pain Specialist, ☐ Spinal injection, ☐ Spinal Surgery, ☐ TENS machine, ☐ None so far, ☐ Others Please specify_____

41. Do have significant medical problems? ☐ No ☐ Yes If Yes, tick all that apply

Diabetes	☐	Asthma	☐	Kidney failure	☐	**Anxiety**	☐
High Blood Pressure	☐	**COPD**	☐	Liver failure	☐	**Depression**	☐
Heart attacks	☐	Heart Burn	☐	Gall bladder problem	☐	Migraine	☐
Angina	☐	Peripheral Neuropathy	☐	Thyroid problems	☐	Claustrophobia	☐
Irregular heart beat	☐	Peripheral vascular disease	☐	Osteopenia / Osteoporosis	☐	Carpal tunnel Syndrome	☐
Pacemaker	☐	**Clot in the Lungs**	☐	Rheumatoid arthritis	☐	Fibromyalgia	☐
Heart Murmur	☐	**Clot in the legs**	☐	Gout	☐	Drug overdose	☐
Prostate problem	☐	Aneurysm	☐	**Any Cancer** _____			
Other Arthritis – Hip ☐ / Knee ☐ / Ankle ☐ / Shoulder ☐ / Elbow ☐ / Wrist ☐ / Fingers ☐							
Others (Please specify) _____							

42. What **Pain Medecine** do you take for spinal problem? ☐ No ☐ Yes as required ☐ Yes regularly

Name	Dose / Frequency	Name	Dose / Frequency
Paracetamol ☐		Codeine ☐ Dihydrocodeine ☐	
Co-Codamol ☐ Codydramol ☐		Naproxen ☐	
Ibuprofen ☐ Diclofenac ☐		Nefopam ☐	
Tramadol ☐		Amitriptyline ☐ Duloxetine ☐	
Morphine ☐ MST ☐ Oxycontin ☐		Skin Patches ☑ Specify	
Gabapentin ☐ Pregabalin ☐		Other(please state)	

43. Do you take any medicines regularly for other medical problems? ☐ No ☐ Yes

Name (**Please bring your prescription sheet)**	Dose	Frequency
1)		
2)		
3)		

44. Do you take any blood thinning medications? ☐ **No** ☐ Aspirin ☐ Warfarin ☐ Clopidogrel ☐ Dabigatran (Pradaxa), ☐ Apixaban (Eliquis), ☐ Rivaroxaban (Xarelto) Others ……

45. Do you take any immunosuppressant medications? For eg. - Steroids, Methotrexate, other Chemotherapy agents, anti-TNF treatment like infliximab (Remicade), etanercept (Enbrel), or adalimumab (Humira). ☐ **No** ☐ **Yes**

46. Have you any allergies? ☐ No ☐ Yes (please state)_____

47. Did you have any surgery in the past & which year roughly? ☐ Spine ☐ Bowel ☐ Bladder ☐ Hysterectomy ☐ Prostate ☐ Hip replacement ☐ Knee replacement ☐ Knee Arthroscopy ☐ Shoulder ☐ Ankle ☐ Heart ☐ Others Please give details _____

48. Did you have problem with anaesthesia before? ☐ No ☐ Yes If Yes _____

49. Do you smoke? ☐ No ☐ Yes If Yes_____number of cigarettes/day OR Stopped in _____

50. Do you drink Alcohol? ☐ No ☐ Yes If Yes_____number of units/week. (rough measures - 1 pint of beer is 2 to 3 units, 1 medium glass of wine is 2 units, 25 ml of spirit is 1 unit)

51. Do you have any Intra-orbital foreign bodies, intra-cranial clips, cohlear implants, heart valve, Pacemaker, foreign objects or implants in the body & any recent surgery? ☐ No ☐ Yes If Yes _____

52. (Female Patient only) Are you likely to be Pregnant? ☐ No ☐ Yes ; Last Menstrual period _____

53. Do you wish to mention any other related matter not covered so far?
_____

Thank you for your patience