



# AUSTIN DISC & SPINE

## NON-SURGICAL DISC REPAIR

### Patient Health Information Form

Please complete this form prior to your appointment to help us better understand your condition.

**1. What best describes the frequency of your pain?**

Intermittent (0-25% of the day)

Often (More than 25% of the day)

Chronic (Most of the day)

**2. Have you had neck or back surgery?**

Yes

No

**3. Are you currently scheduled for back surgery?**

Yes

No

**4. When is your pain at its worst? Please describe how it feels and how it affects your daily life:**

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**5. How long have you been experiencing this pain?**

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**6. How would you describe your pain? (Select all that apply)**

Dull

Throbbing

Pins & Needles

Chronic Pain

**7. Have you previously consulted a doctor regarding this pain?**

Yes

No

**8. When was the last time you felt really great (pain-free, active, and well)?**

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**9. Have you been diagnosed with any of the following? (Check all that apply)**

Disc Herniation

Bulged Disc

Disc Degeneration

Sciatica

Other: \_\_\_\_\_

I have not been diagnosed

**10. Which area(s) of your body are currently experiencing pain?**

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**11. Have you had any X-rays or MRIs within the last year?**

Yes

No

**If yes, where were they taken?**

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