



UNC
HOSPITALS

UNC Hospitals Spine Center – New Surgical Patient Questionnaire

Please fill out this questionnaire and bring it with you on the day of your appointment.

Please complete all three pages.

NAME: _____ AGE: _____ HOMETOWN: _____

PRIMARY CARE PHYSICIAN: _____

WHO SENT YOU TO SEE US? _____

WHAT IS YOUR MAIN REASON FOR COMING TO SEE US TODAY?

(Circle) Low Back Pain Right / Left Leg Pain Other _____

Neck Pain Right / Left Arm Pain _____

PLEASE tell us more about the pain/weakness/numbness you are experiencing?

How long have you had these symptoms for? _____ Date of Injury? _____

What kind of treatments have you already had for this problem? _____

DO YOU HAVE ANY OF THE FOLLOWING MEDICAL CONDITIONS?

High Blood Pressure	Yes	No	Hepatitis	Yes	No
Diabetes	Yes	No	HIV	Yes	No
Heart Attack/Disease	Yes	No	Seizures	Yes	No
High Cholesterol	Yes	No	Asthma/Emphysema	Yes	No
Cancer	Yes	No	Depression	Yes	No



DO YOU HAVE ANY OTHER MEDICAL PROBLEMS? Yes (List below) No

DO YOU HAVE ALLERGIES TO ANY MEDICATIONS? Yes (List below) No

PLEASE LIST ALL MEDICATIONS YOU ARE CURRENTLY TAKING:

HAVE YOU EVER HAD ANY SURGERY? Yes (List below with dates) No

HAVE YOU HAD ANY OF THE FOLLOWING SYMPTOMS RECENTLY?

Fevers/chills	Yes	No	Vision changes	Yes	No
Nausea/Vomiting	Yes	No	Hearing changes	Yes	No
Recent weight loss	Yes	No	Dizziness	Yes	No
Chest pain	Yes	No	Headaches	Yes	No
Shortness of breath	Yes	No	Skin changes	Yes	No
Stomach pain	Yes	No	Difficulty walking	Yes	No
Bloody or black stools	Yes	No	Recent weight gain	Yes	No
Loss of bowel control	Yes	No	Fatigue	Yes	No
Loss of bladder control	Yes	No	Mood changes	Yes	No

DO YOU HAVE A FAMILY HISTORY OF ANY DISEASES?

Problems with anesthesia? Yes No

Bleeding or Blood clotting problems? Yes No

Other _____



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MARITAL STATUS? Married / Divorced / Single # of Children _____

WHAT DO YOU DO FOR A LIVING? _____

If unemployed, how long have you been out of work? _____

DO YOU SMOKE? Yes, _____ packs per day No

DO YOU DRINK ALCOHOL? Yes, _____ drinks per day No

DO YOU USE ANY ILLEGAL DRUGS? Yes No

If "yes", which drugs and how often? _____

DOES THE REASON FOR YOUR VISIT INVOLVE WORKMAN'S COMPENSATION?

Yes No

ARE YOU INVOLVED IN A LAWSUIT OR SEEING A LAWYER ABOUT YOUR SURGICAL PROBLEM?

Yes No

The above answers are complete and accurate to the best of my understanding.

SIGNATURE

PRINTED NAME

DATE