

**California Spine Care**

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Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Today's Date \_\_\_\_\_

***Musculoskeletal symptoms - because of the accident I have***

	Abrasions/scrape to -
	Ankle pain
	Bruise/contusion to -
	Chest pain
	Clicking in jaw
	Clunk / sound with neck /back movement
	Elbow pain
	Face pain
	Foot pain
	Forearm pain
	Hand pain
	Hip pain
	Jaw pain
	Knee pain

	Low back pain
	Lower leg pain
	Neck pain
	Other symptom -
	Other symptom -
	Pain when chewing
	Shoulder pain
	Stomach pain
	Upper arm pain
	Upper back pain
	Upper leg pain
	Wrist pain

***Neurological symptoms - because of the accident I have***

	Numbness/tingling arm/hand
	Numbness/tingling leg/foot

	Weakness leg/foot
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***Associated symptoms - because of the accident I have***

	Anxiety
	Depression
	Dizziness, visual disturbances
	Headaches
	I 'm taking over-the-counter medicine

	Muscle spasms
	Radiating pain
	Range of motion problems
	Sleep disruption

***Brain/Neuro/TBI symptoms - because of the accident I have***

	Agitation
	Anger
	Apathy
	Appetite changes
	Attention decreased
	Attention problems
	Balance problems
	Blurry vision
	Can't remember numbers
	Confidence has decreased
	Confusion
	Daydreaming

	Decision-making is difficult
	Difficulty concentrating
	Difficulty focusing/easily distracted
	Difficulty speaking
	Difficulty walking
	Difficulty with numbers
	Disorientation
	Dizzy feeling
	Double vision
	Dozing during the day
	Feeling of isolation from others
	Flashbacks to accident

	Frustration
	Hearing problems
	Helplessness
	Impatience
	Irritable
	Learning new things is difficult
	Mood swings
	Nausea / vomiting
	Personality changes
	Planning/organization is difficult
	Pupils different sizes

	Reading problems
	Remembering things is difficult
	Sadness/tearfulness
	Sexual functioning has changed
	Sleepiness
	Taste/smell has changed
	The room spins
	Tiredness
	Understanding has decreased
	Want to be alone
	Writing problems

**Work activity - because of the accident I have**

	Bending at work perks
	I am working as usual but in pain
	I believe in working even when i'm in pain
	I cannot concentrate as well at work
	I cannot do the same work as before the accident
	I can't take time off because i would lose my job
	I daydream at work more than before
	I did not get a promotion
	I don't enjoy work as much as before
	I doze off at work
	I feel obligated to work
	I feel tired at work
	I feel:
	I feel:
	I got a different job at another company
	I got a different job within the same company
	I have lost job security
	I have lost status in the company
	I hide my poor work performance from my boss

	I keep working so i don't loose status at the company
	I limit my work activities
	I make less money than before the accident
	I make mistakes at work i did not use to
	I take paid time off to go to the doctor
	I take unpaid time off work to go to the doctor
	I work in pain because i have bills to pay
	Kneeling at work hurts
	My boss reprimanded me for four performance
	My business would fail if i took time off
	My business would lose money if i took time off
	My work is not as good as it was before the accident
	Pulling at work hurts
	Pushing at work hurts
	Sitting at work hurts
	Stooping at work hurts
	Using the computer at work hurts

**Home activity - because of the accident I have**

	My house is not as clean out
	My yard is not as neat now
	My garden is not as productive now
	I do yard work in pain
	I cannot do my normal yardwork
	I do my housework in pain
	I cannot do my normal housework
	Doing laundry hurts me
	I cannot do the laundry now
	Washing dishes hurts

	I cannot wash the dishes
	Vacuuming hurts now
	I cannot vacuum
	Cooking hurts me
	I cannot cook at all
	Washing the car hurts
	I cannot wash my car
	I cannot take time off because i care for the children
	I have children whose ages are:
	I had to hire a housekeeper

	A friend helps with the housekeeping
	I had to hire a gardener
	A friend helps with the yardwork
	Mowing the lawn hurts
	I cannot mow the lawn
	Taking out the trash hurts
	I cannot take out the trash
	I do not enjoy my yardwork like I used to

	I do not enjoy my housework like I used to
	I cannot garden at all since the accident
	Others living with me do my work
	Others living with me do my yardwork
	Others living with me
	Other problems -

**Exercise/sports - because of the accident I have trouble with exercise**

	My exercise was affected
	I exercise in pain
	I no longer exercise at the gym
	I run in pain
	I no longer run
	I go for walks but in pain
	I no longer take walks
	I used to make income exports
	I have lost sports income

	I am an amateur athlete
	I am a professional athlete
	I had gained ___pounds since the accident
	I have had to quit my ___ team
	I don't enjoy the sport of ___ anymore
	I don't enjoy the sport of _____ since _____

**Hobbies - because of the accident I have trouble with hobby activity**

	My hobbies were affected
	My hobbies were not affected
Hobby #1	
	I have stopped this because of pain
	I participate but in pain
	I had to quit this for ___ week/month
Hobby #2	
	I have stopped this because of pain
	I participate but in pain

	I had to quit this for ___ week/month
Hobby #3	
	I have stopped this because of pain
	I participate but in pain
	I had to quit this for ___ week/month
Hobby #4	
	I have stopped this because of pain
	I participate but in pain
	I had to quit this for ___ week/month

**Travel activities - because of the accident I have the following trouble**

	Business travel was affected
	Pleasure travel was affected
	Driving hurts
	I can't drive because of pain
	It hurts to be a passenger in a car
	I'm in too much pain to be a passenger
	I have anxiety when i'm in a car
	I hurt when i'm on an airplane
	I am in too much pain to travel by plane
	Plans with family/friends had to be canceled
Travel plan#1	

	I did not go on travel plan #1
	I went but did not enjoy it as much
	The accident had no effect on this travel plan
Travel plan #2	
	I did not go on travel plan #1
	I went but did not enjoy it as much
	The accident had no effect on this travel plan

**Daily living activities - because of the accident I have trouble with**

	Bending at the waist
	Brushing my teeth
	Caring for my children
	Climbing stairs
	Closing the trunk of my car
	Combing my hair
	Dressing
	Driving to/from work
	Drying my hair
	Drying with a towel after a shower
	Everything hurts
	Exercise
	Going downstairs
	Going out with friends
	Eating
	Holding my head up for long periods
	I am getting depressed
	Sitting in a theater
	Just sitting down and doing nothing
	Kneeling down
	Laying in bed
	Leaning forward
	Lifting a pan wok cooking
	Opening a jar
	Opening doors

	Opening the garage door
	Other activities
	Playing with my children
	Putting on my pants
	Putting on my shirt
	Putting on shoes
	Reading
	Riding in a car
	Sexual activity
	Shopping
	Sitting in a restaurant
	Sitting in church
	Sitting in my usual chair
	Sleeping
	Squatting
	Stooping
	Taking a bath
	Taking a shower
	Talking on the phone
	Turning my head left/right
	Tying my shoes
	Using my own computer
	Washing my hair
	Watching television
	Writing

**School/education activity - because of the accident**

	School was affected by the accident
	I study at _____
	I am in the _____ year/grade
	I was full-time/part-time
	I am now full-time/part-time
	I had to take fewer classes
	I missed _____ days of school
	I had to drop out of school
	My grades are lower

	I had pain carrying my school books
	It hurts to sit more than _____ minutes
	My neck hurts to read
	I'm not learning as well as before
	I'm not learning as quickly as before
	I'm having trouble concentrating
	It takes longer to finish my study/homework
	Other