

# LUMBAR RE-EXAMINATION

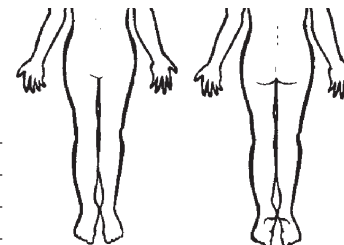
	Previous Instructions	Visual Analogue Scale
Date ___ / ___ / ___	1. _____	
Day _____	2. _____	Back 0 1 2 3 4 5 6 7 8 9 10
Visit # _____	3. _____	(ave & high)
Units _____	4. _____	Leg 0 1 2 3 4 5 6 7 8 9 10
	5. _____	

Location (2)    ↑ ←→↓    *(increased or decreased area of sx's. present since last visit)*

Intensity (2)    ↑ ←→↓    *(increased or decreased ave. or high intensity in LE or LB since last visit)*

Frequency (2)    ↑ ←→↓    *(increased or decreased % per day or # per day sx's. have been present since last visit)*

Pain Drawing



% or #/day \_\_\_\_\_

Duration \_\_\_\_\_

Common Causes (2) \_\_\_\_\_

Home Exercise Program _____	# Sessions/day (home) _____
Effect (1) _____	# Sessions/day (work) _____
Errors _____	
Reaction Time (3) _____	Meds. (still being used?) Yes / No

Function

Disturbs Sleep? Yes / No	Awakes with Sx's.? (1)	Yes - Location? _____	Intensity? _____
		No - # of days? _____	
Sitting (1) _____		Standing _____	
Driving _____		Walking _____	

Other Data \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Treatment (today) (Sx's prior to starting?) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home Instructions (today)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Plan \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signed \_\_\_\_\_



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**MR. PTREEXAM**

SVPOD-183 (4/05)

PATIENT LABEL