LOW BACK PAIN & STRESS SURVEY

Name _____ Age ___

Address _____

City _____ State/Prov. ____ Zip/Postal _____

Phone (Home) _____ (Work) _____

E-mail address _____

Occupation _____ # Hours per week currently working _____

Spouse Occupation _____ # Hours per week currently working _____

1 Check off any of the following symptoms you have experienced in the past 6

- ☐ Low Back Pain
  - ☐ Burning
  - ☐ Stabbing
  - ☐ Shooting
  - ☐ Deep Ache
- ☐ Numbness
- ☐ Radiating Pain Down Leg
- ☐ Loss of Bowel Control
- ☐ Headaches/Migraines
- ☐ Fatigue
- ☐ Insomnia/Sleep Problems
- ☐ Irritability
- ☐ Sinus Problems/Allergies
- ☐ Asthma
- ☐ Menstrual Problems
- ☐ Bladder Trouble
- ☐ Ringing in Ears
- ☐ Nervousness
- ☐ Dizziness
- ☐ Weight Trouble
- ☐ Other _____

Which of the above bothers you the most? _____

How long have you been bothered by the condition? _____

Describe how it feels or affects you when it is at its worst. _____

2 Does this cause you to

- ☐ Moody
- ☐ Irritable
- ☐ Interrupt Sleep
- ☐ Restricted on Daily Activities

3 Does this affect your

- ☐ Decision Making
- ☐ Poor Attitude
- ☐ Decreased Productivity
- ☐ Exhausted at End of Day
- ☐ Unable to Work Long Hours

4 Does this affect your

- ☐ Lose Patience with Spouse or Children
- ☐ Restricted Household Duties
- ☐ Hinders Ability to Exercise or Participate in Sports
- ☐ Interferes with Ability to Participate in Hobbies or Other Desired Activities

FOR OFFICE USE ONLY

New! Neural Relief Center Technique for fibromyalgia, mental fog, chronic pain, etc.

There are several alternatives available to you. Please check the item most appropriate for you.

❑ I would like to come to the Doctor's office for a consultation and screening at no charge to find out how to improve my health.

❑ I would like to have a phone consultation with the Doctor to discuss my health problems before making an appointment.

If possible, I would like to see the doctor on:

❑ Monday ❑ Tuesday ❑ Wednesday ❑ Thursday ❑ Friday ❑ Saturday

From: THE REDWOOD CLINIC
3021 Telegraph Ave., Ste C
Berkeley, CA 94705 510-849-1176

The following times may or may not be available. Please select two options. Our office will call to confirm your appointment.

❑ 9 a.m. ❑ 10 a.m. ❑ 11 a.m. ❑ 12 noon ❑ 2 p.m. ❑ 3 p.m. ❑ 4 p.m. ❑ 5 p.m. ❑ 6 p.m.

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