

Patient assessment questionnaire- *The cervical spine*

**Auckland Neurosurgical
Clinic Ltd**

Name:		Sex: Male / Female	
Date of Birth:		E-mail Address:	
Address:			
Telephone number: (day)		(evening)	
GP Name & Address"			
Insurers name and address:			
		Postcode:	
ACC: Case Number		Case Manager	
1. Do you have neck pain?	Yes	No	
2. Have you had similar pain in the past?	Yes	No	
3. When did the current problems start?			
4. Do you have pain in the side of the neck or shoulders?	Yes	No	
5. Do you have pain in the arm, above the elbow?	Yes	No	
6. Do you have pain in the forearm, below the elbow?			
If you have pain in the upper limb, which side?	Right	Left	Both
7. Do you have tingling or numbness in either arm or hand?	Yes	No	
8. Do you have any weakness, clumsiness of the arm or hand?	Yes	No	
	Right	Left	Both
9. Do you have any stiffness of the legs? If so which side?	Yes	No	
	Right	Left	Both
10. Do you have any spasms in the legs? If so which side?	Yes	No	
	Right	Left	Both
11. Are you incontinent of urine?	Yes	No	
12. Have you had an operation on the spine in the past?	Yes	No	
What operation was performed?			
Date and place of surgery:			
13. Have you had any illnesses in the past?	Yes	No	
If yes please list-			
Have you had any operations in the past?	Yes	No	
If yes please list-			
Medication			
Aspirin	Yes	No	
Warfarin	Yes	No	
Plavix (Clopidogrel)	Yes	No	