ORTHOPEDIC SURGERY
SPINE EXAM

Patient Name: ______________________ **DOB:**__________ **Age:** _________ **Date:** __________________

Chief Complaint: ______________________________________ **Date of injury/symptoms:**___________

Vital Signs: **Pulse:** ___________ BPM **SPO$_2$:** ______________ **Temp:** _________ **B/P:** ______________ mmHg

Height: ___________ **Weight:** ___________ lbs

BMI:________ ☐ **Overweight 25-29** ☐ **Obese >30** ☐ **Morbid Obesity >40**

Nutritional counseling offered: Y/N ☐ Accepted ☐ Denied ☐ Ability to perform ADL ☐ **Yes** ☐ **No**

HPI:

Location - Where do you hurt? ______________________________________

____

____

Duration - How long has it been going on? ______________________________________

____

____

Injury/Trauma

(DOI) ______________________________________

____

____

(What caused it/How did it happen?) ______________________________________

____

____

(Where did it happen?) ______________________________________

____

____

(Contributing Factors) ______________________________________

____

____

Pain Scale 1-10 ______________________________________

R.O.S.:

Denies:

- ☐ Chest pain
- ☐ Shortness of breath
- ☐ Nausea
- ☐ Vomiting
- ☐ Recent unexplained weight loss
- ☐ **ALL OF THE ABOVE**
- ☐ Diarrhea
- ☐ Constipation
- ☐ Abdominal pain
- ☐ Calf pain
- ☐ Fever/Chills

Medications: (see list)

Hand dominance:

☐ RT ☐ LT

Allergies:

☐ **NKDA**

☐ ______________________

☐ ______________________

☐ ______________________

112B

______________________ ______________

M.A. Signature Date Time

ORTHOPEDIC SURGERY
SPINE EXAM

Patient Name: ______________________________ **DOB:** ______________

Family History:

- ☐ Heart attack
- ☐ Stroke
- ☐ Bleeding disorder
- ☐ Cancer (specify type)
  ____
  ____
- ☐ Heart Trouble
- ☐ Aneurysm
- ☐ Arthritis
- ☐ Asthma
- ☐ Gout
- ☐ Alcoholism
- ☐ Diabetes
- ☐ Kidney Trouble/Stones
- ☐ Mental Illness
- ☐ Other: ______________
  ____

Sports you currently play:

____

____

Do you exercise:

- ☐ Daily
- ☐ Weekly
- ☐ Monthly
- ☐ Rarely
- ☐ Never

What type of exercise:

____

____

Social History:

Tobacco Use

- ☐ Never Smoked
- ☐ Chew
- ☐ Cigar/Pipe
- ☐ ______PPDx ______ years
- ☐ Quit smoking _________ years ago

- ☐ ETOH abuse
- ☐ THC/Illicit
- ☐ Street Drugs
- ☐ Tobacco cessation discussed with patient. Patient counseled. Explained pharmacotherapy is available and should be discussed with PCP.
- ☐ Married / Single / Divorced / Widowed
- ☐ Occupation__________________________
- ☐ Working / Retired / Disabled

Past Medical History:

- ☐ DM-type I
- ☐ DM-type II
- ☐ CAD
- ☐ HTN
- ☐ Hyperlipidemia
- ☐ Fibromyalgia
- ☐ Thyroid Disorder
- ☐ Depression
- ☐ Anxiety
- ☐ Gout
- ☐ Osteoarthritis
- ☐ Rheumatoid Arthritis
- ☐ Chronic Back/Neck Pain
- ☐ Hx of Blood Clots
- ☐ Hx of Staph Infection
- ☐ Bleeding or Clotting Disorder
- ☐ Kidney Disease
- ☐ Liver Disease
- ☐ Lung Disease
- ☐ Seizures
- ☐ Stroke
- ☐ Alzheimers
- ☐ Parkinsons
- ☐ Huntingtons
- ☐ Sickle Cell
- ☐ Chemo or Radiation
- ☐ COPD
- ☐ Cancer
- ☐ Heart Attack
- ☐ Gerd
- ☐ ____

Past Surgical History:

- ☐ Tonsil/adenoids
- ☐ Cholecystectomy
- ☐ Tubal ligation
- ☐ Hysterectomy
- ☐ Hernia
- ☐ C-sec
- ☐ Appendectomy
- ☐ Cataract
- ☐ Pacemaker/Defibrillator
- ☐ Cardiac stents
- ☐ CABG
- ☐ Oral surgery
- ☐ Heart surgery
- ☐ Bariatric
- ☐ ______________________________

ORTHOPEDIC SURGERY
SPINE EXAM

Patient Name: ______________________________ **DOB:** ______________

Appearance	No Distress	Mild Distress	Major Distress			
Orientation	x3	Disorientd				
Affect	Appropriate	Inappropriate				
Gait	Normal	Antalgic				
Balance	Normal	Abnormal				
	ROM	**Palpation**	**Stability**	**Skin**	**Strength**	
Cervical	Full	No Pain	Stable	WNL	WNL	
	Decreased	TTP	Unstable	Erythema, Edema	Decreased	
Thoracic	Full	No Pain	Stable	WNL	WNL	
	Decreased	TTP	Unstable	Erythema, Edema	Decreased	
	Full	No Pain	Stable	WNL	WNL	
	Decreased	TTP	Unstable	Erythema, Edema	Decreased	
	Left Upper	**Right Upper**			**Left Lower**	**Right Lower**
Strength						
Shoulder Ab	/5	/5		Hip Flex	/5	/5
Elbow Ext	/5	/5		Knee Ext	/5	/5
Elbow Flex	/5	/5		Knee Flex	/5	/5
Wrist Ext	/5	/5		Ankle PlantarFlex	/5	/5
Wrist Flex	/5	/5		Ankle Dorsiflex	/5	/5
Finger Ab	/5	/5		Great Toe Ext	/5	/5
Grip	/5	/5		Clonus	+ / -	+ / -
Hoffman's	+ / -	+ / -		Straight Leg Raise	+ / -	+ / -
Reflex	WNL	WNL			WNL	WNL
	Decreased	Decreased			Decreased	Decreased
Sensation	Grossly Intact	Grossly Intact			Grossly Intact	Grossly Intact
C5	Decreased	Decreased		L3	Decreased	Decreased
C6	Decreased	Decreased		L4	Decreased	Decreased
C7	Decreased	Decreased		L5	Decreased	Decreased
C8	Decreased	Decreased		S1	Decreased	Decreased
ROM	Grossly Intact	Grossly Intact			Grossly Intact	Grossly Intact
Shoulder	Decreased	Decreased		Hip	Decreased	Decreased
Elbow	Decreased	Decreased		Knee	Decreased	Decreased
Wrist	Decreased	Decreased		Ankle	Decreased	Decreased
Skin	WNL	WNL			WNL	WNL
Edema	+ / -	+ / -			+ / -	+ / -

ORTHOPEDIC SURGERY
SPINE EXAM

Patient Name: ____ **DOB:** ____________________

Assessment (Diagnosis): ____
____
____
____

Plan: ____
____
____
____

Tx: RICES: Y / N
HEP: Y / N

Brace / Immobilization: ____
WB Status: ____

Injection (Please Stamp):

Digital Imaging:

☐ Reviewed recent x-ray: ____________________
____
OA: Mild / Moderate / Severe

☐ Reviewed MRI: ____________________
____________________ '

☐ Reviewed CT: ____________________
____
____

(All final diagnoses to be correlated with radiology report)

Referral: ____________________ Physical Therapy: Yes or No Other: ____________________

Patient verbalized an understanding of information discussed and instructions given at appointment (Initial): ___________

Follow-up: ____

Provider Signature: ____ Date: ______________ Time: ___________