

Back Pain – The Big Picture.....

Patient Self Referral Form

If you have had spinal pain for more than 3 months you are able to attend the course. If on receiving your referral form we feel you need to see your GP first we will let you know. Please look at the following sections and complete as best you can.

Back Pain - The Big Picture
5 Washington Street
Brighton, East Sussex, BN2 9SR
E-mail: backpainthebigpicture@mail.com
Website: www.backpainbigpicture.co.uk

Patients Name:

Age:

Address:

Tel No:

Date:

How long have you had the problem?

- 1) Have you been given a diagnosis – if yes please give brief details:
- 2) Have you had any tests (please circle): X-ray / MRI / Blood tests / Other
- 3) Please state any results from the above if you know them:
- 4) Please delete yes or no to the following questions:
 - a) Any changes in bladder or bowel function such as difficulty passing urine or faecal incontinence? YES NO
 - b) Any numbness in the area between your legs? YES NO
 - c) Any recent unexplained weight loss? YES NO
 - d) Any unrelenting night pain? YES NO
 - e) Past history of carcinoma? YES NO
 - f) History of steroid use? YES NO
 - g) Do you feel generally well in yourself aside from pain? YES NO
 - h) Did your pain begin due to a trauma? YES NO
 - i) Any numbness on your tongue or metallic taste in the mouth?
YES NO
 - j) Any Dizziness/Nausea/Blurred vision? YES NO (if yes please circle)
- 6) Please tell us below what YOU feel is the problem with your back/neck e.g. sports injury years ago/ whiplash/ came on without a cause etc...: