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Check all that apply: None apply Deceased Mother (M) _____ Father (F) _____
 Stroke M/F Diabetes M/F Seizures M/F Heart Disease M/F High Blood Pressure M/F
 Mental Illness M/F Arthritis M/F Gout M/F Cancer M/F _____ Bleeding Disorders M/F

Chief Complaint: Neck Pain Back Pain Headaches

Symptoms have been present for: Years _____ Months _____ Weeks _____

Symptoms described as: Sharp Dull Achy Burning Spasms

Is your condition the result of a Work Injury? Yes No Auto Accident? Yes No

Was there a trauma or inciting incident? _____ Date of injury? _____

1. Right Arm Left Arm Arm symptoms: Pain Numbness Weakness
 Right Leg Left Leg Leg symptoms: Pain Numbness Weakness

2. Do you have problems with balance or frequent falling/tripping? Yes No

Pain is: Improving Worsening Same (unchanged) Other: _____

Worst position for pain is: Sitting Standing Walking Lying Down

3. How many minutes can you stand/walk before you need to rest?

less than 5 less than 30 less than 60 60 or more Other: _____

Sitting Makes the pain worse No change in pain Makes the pain better

Bending Makes the pain worse No change in pain Makes the pain better

Lying down Makes the pain worse No change in pain Makes the pain better

4. In reference to headaches do you have any of the following:

Where is Headache located: Front Back Left Side Right Side

Pain: Front Back Left Side Right Side

Vomiting Dizziness Vision problems Hearing problems TIAs Fainting

Nausea Concussions Black Outs Loss of balance Migraines Seizures

Epilepsy Lyme Disease