

LucentSpine

Stanley S. Lee, M.D.
Orthopaedic Spine Surgeon

Symptoms

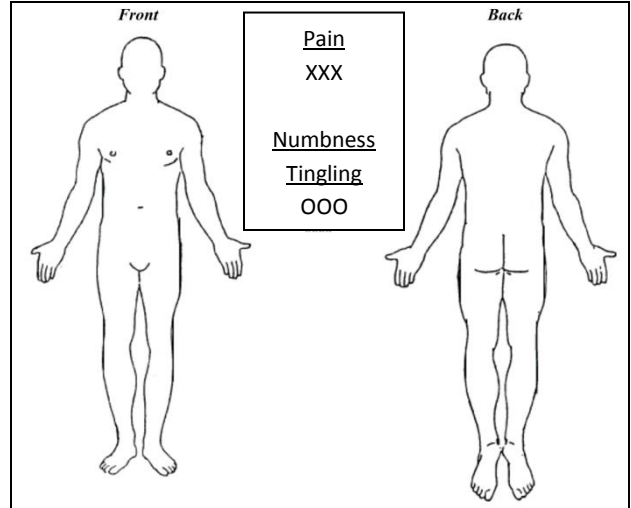
Height: _____ Weight: _____ Age: _____

Duration: _____

Description: _____

Frequency: _____

Worse with: walking standing
 sitting sleeping



Previous Spine Care

Type of Spine Surgery	Surgeon	Date	Hospital/City

Back Injections: Physician _____ # of episodes: _____ Most recent: _____

Neck Injections: Physician _____ # of episodes: _____ Most recent: _____

PT Clinic: _____ Duration: _____ Time Frame: _____

Chiropractor: _____ Frequency: _____ Time Frame: _____

Spine/Pain Medications: _____

Other Medical History

Medical Hx: Diabetes Liver Disease Kidney Disease Depression/Anxiety
 Fibromyalgia Vascular Disease Heart Disease Bleeding Disorder
 Stroke Nerve Damage Breathing Problems High Blood Pressure

Other Surgeries & Year: _____

Other Medications: _____

Medication Allergies: _____ Smoker: Y N Quantity: _____

Occupation: _____ Employer: _____ Duration: _____

X

 Physician Signature

 Printed Name

_____/_____/2013

