The Neurological Care Center of Montgomery

1315 MULBERRY ST.
MONTGOMERY, ALABAMA 36106
PHONE: 334-262-1113 FAX: 1-877-836-7673

EMG Patient Questionnaire

Please answer completely and print neatly.

NAME: ____Age: ______

DATE: ____Height: ____________Weight: ____________

BIRTHDATE: ____________________

Referring doctor's name, address and phone/fax # : ____

Internist or family doctor name and address: ____

HAVE YOU BEEN TOLD WHY YOU ARE REFERRED FOR TODAY'S TEST?

☐No ☐Yes, my diagnosis is: ____

PLEASE DESCRIBE YOUR SYMPTOMS

Please describe your main complaint (check all that apply):

❑ Neck pain	❑ Right arm	❑ Left arm	❑ Back pain.	❑ Right leg	❑ Left leg
	❑ pain	❑ pain	❑ pain	❑ pain	
	❑ numbness	❑ numbness	❑ numbness	❑ numbness	
	❑ weakness	❑ weakness	❑ weakness	❑ weakness	

❑ Right hand numbness ❑ Left hand numbness ❑ Bilateral hand numbness

❑ Right foot numbness/pain ❑ Left foot numbness/pain ❑ Bilateral foot numbness/pain

Other: ____

How long has the pain (or your problem) been present?

What started the pain (or problem)?

Do any of the below describe your problem?

Coughing, sneezing, or straining with a bowel movement increases the symptoms	❑ yes	❑ no
Because of this condition I have suffered from a loss of bowel or bladder control.	❑ yes	❑ no
I wake up at night with numbness in my hands that I have to shake out to improve	❑ yes	❑ no
I have suffered a loss of hand coordination or fell clumsiness in my hands	❑ yes	❑ no

Please describe in your own words how you would describe your problem.

____

____

____

ADDITIONAL INFORMATION

Is there any other information that you feel is important we know to better understand and assist in managing your problem? (if you need more space, please write on the back of this sheet)

____

____

____

List medicines and doses taken for this problem: ❑None

____

____

____

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Have you had any of the treatments described below: ❑No treatments have been given

- ❑ Physical therapy (location_____________)
- ❑ Anti-inflammatory medications
- ❑ Manipulation (Chiropractor, Osteopath)
- ❑ Oral steroids (DosePak, prednisone)
- ❑ Other treatments ________________________________

Neck

- ❑ Narcotic medication
- ❑ Epidural injections, ____ time(s)
- ❑ Trigger p oint injections
- ❑ Facet injections

Please describe your work status

- ❑ Working full time
- ❑ Working part time
- ❑ Unemployed
- ❑ Disabled Working
- ❑ Not working
- ❑ Retired
- ❑ Homemaker
- ❑ On Workman's Compensation

Please list your occupation: ____

Please list the essential duties of your job (example: desk and computer, traveling, heavy lifting, etc.)

Please list any tests done to evaluate your problem, the dates and the location they were done: ❑none.

Test			DATE(S)	WHERE
Plain X-rays	❑ Neck	❑ Back	____________	____________
Myelogram	❑ Neck	❑ Back	____________	____________
Cat Scan	❑ Neck	❑ Back	____________	____________
MRI	❑ Neck	❑ Back	____________	____________
EMGs	❑ Arms	❑ Legs	____________	____________
Bone Scan	❑ Neck	❑ Back	____________	____________

MEDICAL HISTORY Check all that apply. ❑None apply

- ❑ Heart Attack
- ❑ Heart failure
- ❑ High Blood Pressure
- ❑ Heart Rythm problems
- ❑ Diabetes
- ❑ Stroke
- ❑ Seizures
- ❑ Lung Disease
- ❑ Blood Clot in Leg
- ❑ Bloot Clot in lung
- ❑ Tuberculosis
- ❑ OsteoArthritis
- ❑ Rheumatoid Arthritis
- ❑ Ankylosing Spondylitis
- ❑ Gout
- ❑ Osteoporosis
- ❑ Kidney Stones
- ❑ Kidney Failure
- ❑ Cancer, type________________
- ❑ Stomach Ulcers
- ❑ Liver Trouble
- ❑ Hepatitis _________________
- ❑ Asthma
- ❑ Broken bones (list where)
- ❑ Mental Illness
- ❑ Alcoholism
- ❑ Thyroid Trouble
- ❑ Bleeding Disorders
- ❑ Anemia
- ❑ HIV
- ❑ Serious Injuries (explain)
- ❑ Other

MEDICATIONS YOU CURRENTLY TAKE: ❑ none

Medicine	Dose	Schedule	Medicine	Dose	Schedule
________	________	________	________	________	________
________	________	________	________	________	________
________	________	________	________	________	________

Because of this problem, I have ❑ filed ❑ plan to file:

- ❑ A lawsuit
- ❑ A Workman's Compensation Claim
- ❑ Neither a lawsuit nor a workman's compensation claim.

Please sign here to acknowledge your responses_______________________________