

## Specialists in Spine Surgery

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## **Symptom Distribution**

| Height:                    | Weight:   | Age:                 |                |   | Front               | Back   | r    |
|----------------------------|---|----------------------|----------------|---|---------------------|--|------|
| Primary Care MD/DO:        |   |                      |                |   | $\langle \ \rangle$ | Pain<br>XXX  | }    |
| Symptom Duration:          |   |                      |                |   |                     | Numbness   |      |
| Symptom Description:       |   |                      |                | Tingling 000  |                     |  |      |
| Symptom Frequency:         |   |                      |                |   |                     | $\langle \rangle$  |      |
| Worse with:                | walking<br>sitting  | standing<br>sleeping |                |   |                     |  |      |
|                            |   | Pre                  | evious Spi     | ne Ca   | re                  |  |      |
| Type of Spine Surgery      |   |                      | Surgeon        |   | Date                | Hospital/City  |      |
|                            |   |                      |                |   |                     |  |      |
|                            |   |                      |                |   |                     |  |      |
| Back Injections: Physician |   |                      | # of epis      | episodes: Most recent:                                |                     |  |      |
| Neck Injections: Physician |   |                      | # of episodes: |   | Most recent:        |  |      |
| PT Clinic:                 |   |                      | Duration:      |   | Time Frame:         |  |      |
| Chiropractor:              |   |                      | Frequency:     |   | Tiı                 | Time Frame:  |      |
| Spine/Pain Me              | dications:  |                      |                |   |                     |  |      |
|                            |   | Re                   | eview of S     | ystem   | ns                  |  |      |
| Medical Hx:                | ical Hx: Diabetes Liver Disease Fibromyalgia Vascular Disease Stroke Nerve Damage |                      | se H           | Kidney Disease<br>Heart Disease<br>Breathing Problems |                     | Depression/Anxiety<br>Bleeding Disorder<br>High Blood Pressure |      |
| Other Surgerie             | s & Year:   |                      |                |   |                     |  |      |
| Other Medicat              | ions:   |                      |                |   |                     |  |      |
| Medication Allergies:      |   |                      |                |   | Sm                  | oker: Y N Quantity:  |      |
| Occupation:                |   | Emplo                | _Employer:     |   |                     | Duration:  |      |
| Χ                          |   |                      |                |   |                     |  |      |
|                            |   |                      |                | hysician  | Signature           |  |      |
| Printed Name               |   |                      |                |   |                     | /  | /202 |