



Conservative Treatment History Form (back/neck)

There is significant value in conservative treatment. It is also important to document and for your provider to know your recent efforts before establishing further tests and or treatment.

The information in this form will capture conservative treatment history in the event **an intervention with your back and/or neck** needs to be requested. For other procedures, a different form might be needed.

Please type or print clearly. Processing may be delayed if information submitted is illegible or incomplete.

Today's Date:	Patient:	Date of Birth:
How long have you had these symptoms that bring you in today?		
Have you tried any of the following treatments?		
Physical Therapy?	If yes, what was the month and year you started? _____ and date of last session? _____	
<input type="checkbox"/> YES <input type="checkbox"/> NO		
Physician recommended home exercises for this problem?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes to physician recommended home exercises, please complete this section.		
What type of exercises? _____ Who gave you the exercise plan? _____		
Month and year you started? _____ and date of last session? _____		
Medications for this problem like over the counter anti-inflammatory or pain medications (ibuprofen, Tylenol) or narcotics?		
<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, have you been taking them for 3 or more months? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Have there been previous epidural or facet injections?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes to the above, list the date(s) of injection(s):		
Signatures		
This completed, signed form will be part of the patient's medical record. When history of conservative treatment is required, this form or all information requested herein, should be supplied.		
Patient	Provider	