

## 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 ha	d 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?
Physician recommende	ed home exercises for this problem?	☐ YES ☐ NO
If yes to physician reco	ommended home exercises, please complete this	section.
	S? Who gave y	
Medications for this p		pain medications (ibuprofen, Tylenol) or narcotics?
Have there been previ	ous epidural or facet injections?	☐ YES ☐ NO
If yes to the above, lis	st the date(s) of injection(s):	
	ed form will be part of the patient's medical re all information requested herein, should be s	cord. When history of conservative treatment is upplied.
Patient	Provider	

<sup>\*</sup> Effective 1/20/2023, Magellan Hawai'i is now a subsidiary of Evolent Health. Evolent Health and its affiliates and subsidiaries collectively referred to as "Evolent."