

# INFORMATION REGARDING PREVIOUS SPINE SURGERY

---

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Anatomical location of previous spine surgery:

- Cervical
- Thoracic
- Lumbar

Procedure:

- Laminectomy
- Discectomy
- Fusion with metal
- Fusion without metal
- Anterior (front) procedure
- Posterior (back) procedure
- Date of surgery: \_\_\_\_\_

Date of onset of symptoms before surgery: \_\_\_\_\_

Symptoms before surgery (e.g., pain, numbness, weakness): \_\_\_\_\_

Location of symptoms before surgery (e.g., arm, leg, back, neck): \_\_\_\_\_

Describe specific location of symptoms on extremities (e.g., back of thigh, back of calf, bottom of foot):

Was surgery a success?

- Yes
- No
- Partial

Post-op improvement:

- 10%
- 20%
- 30%
- 40%
- 50%
- 60%
- 70%
- 80%
- 90%
- 100%
- None
- Surgery worsened my symptoms

How long were your symptoms absent after surgery? \_\_\_\_\_