



NUTRITIONAL ANALYSIS QUESTIONNAIRE

Please print this form, sign & date it and bring it with you to your first appointment.
Thank you.

Patient Name: _____ Date: _____

Please read carefully. Please check the appropriate response. If you are not sure, check the "?" box.

- | NO | YES | ? | |
|-----|-----|-----|---|
| () | () | () | Do you have a past history of cancer? |
| () | () | () | Have you had any unexplained weight loss? |
| () | () | () | Does your pain fail to improve with rest? |
| () | () | () | Are you over 50 years old? |
| () | () | () | Failure to respond to a course of conservative care (4-6 weeks)? |
| () | () | () | Have you had a spinal pain greater than 4 weeks? |
| () | () | () | Prolonged use of corticosteroids (such as organ transplant Rx)? |
| () | () | () | Intravenous drug use? |
| () | () | () | Current or recent urinary tract, respiratory tract or other infection? |
| () | () | () | Immunosuppression medication and/or condition? |
| () | () | () | History of significant trauma? |
| () | () | () | Minor trauma in person greater than 50 years old? |
| () | () | () | Do you have osteoporosis (weak bones)? |
| () | () | () | Are you over 70 years old? |
| () | () | () | Any history of prolonged use of corticosteroids? |
| () | () | () | Acute onset urinary retention or overflow incontinence (wet underwear)? |
| () | () | () | Loss of anal sphincter tone or fecal incontinence (bowel accidents)? |
| () | () | () | Saddle anesthesia (numbness of groin region)? |
| () | () | () | Global or progressive muscle weakness in the legs (legs give out)? |

COMMENTS: _____

EXAMINER: _____