

How long have you had this complaint? (please enter number of)

Days Weeks Months Years

Is this problem New Ongoing?

Are the symptoms worsening? Yes No

Are you able to carry out your normal activities? Yes No

Are you off work/unable to care for a dependant because of this problem?

Yes No Not applicable

If you have back pain with leg pain, have you had any changes in your bowel or bladder habits involving urgency or frequency or any numbness between your legs?

Yes No If yes, please give details.

Have you suddenly lost any weight without trying?

Yes No If yes, please give details.

Have you had any other symptoms, such as numbness, tingling or muscle weakness?

Yes No If yes, please give details.

Date form completed: _____