



Pueblo Radiology Medical Group

Diskogram Patient Questionnaire

Name: _____

Age: _____

Are you allergic to any medications? _____

Many people have more than one type of back or leg pain. Please describe your back or leg symptoms and describe each type of pain separately, including when you get the pain, what type of pain it is, and how severe it is on a scale of 1 to 10 (10 would be the worst).

Example #1: Burning pain in the middle of my back, get it when sitting, 6 on a scale of 1 to 10.

Example #2: Sharp, stabbing pain down left leg, get it when walking, 4 on a scale of 1 to 10.

1.)

2.)

3.)

Please list any back operations including the dates, type of surgery (example: L4-5 diskectomy 1984)

Patient Signature

Date