

Cervical Spine

Self Referral

Name	
Address	
Postcode	
Date of Birth	

Telephone (home)	
Telephone (work)	
Telephone (mobile)	

GP Name	
GP Address	

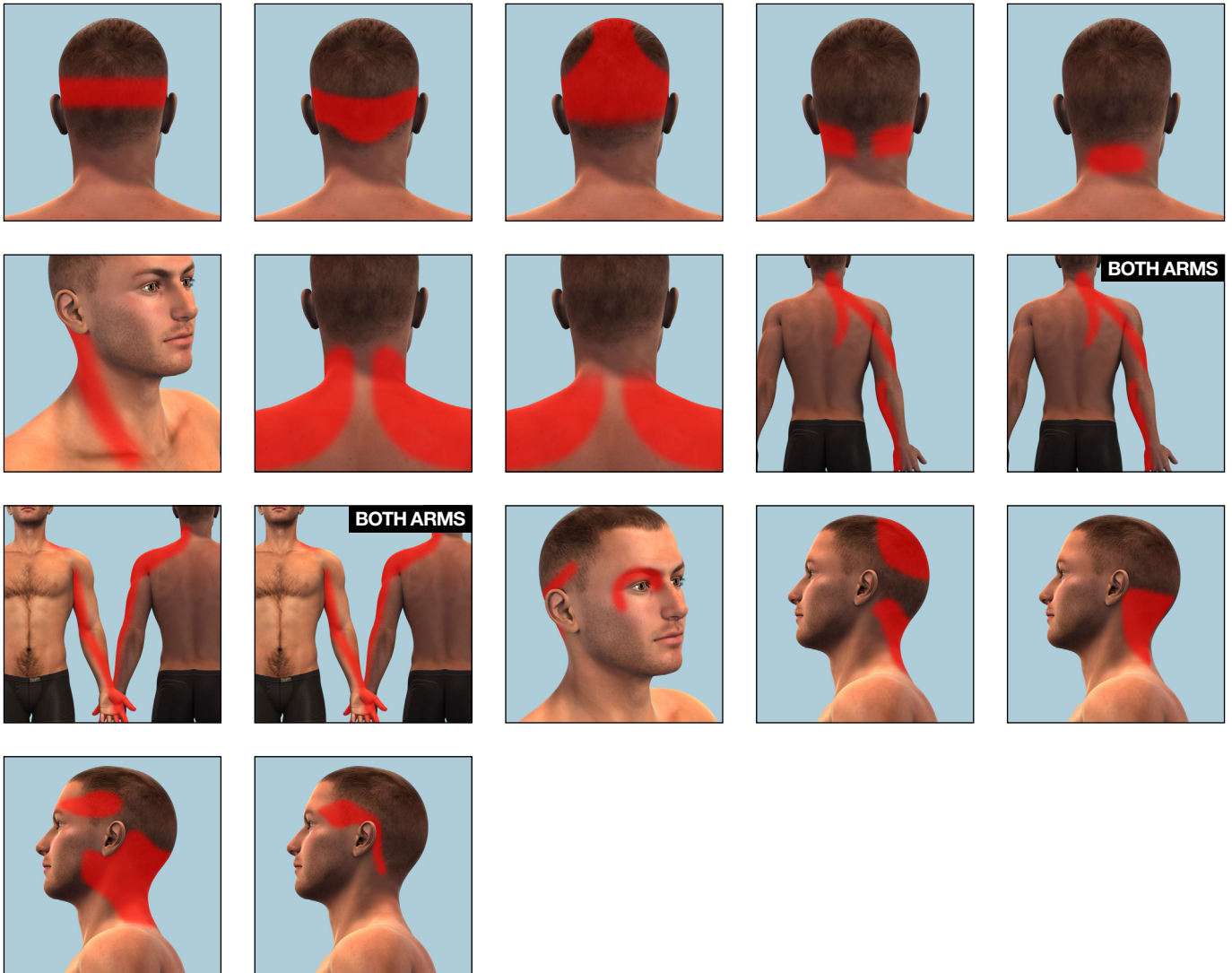
Do you have special requirements? (eg. interpreter)

☐ Yes ☐ No

Office use: CHI _____

1. Where are you feeling pain, stiffness, or numbness?

Please select the image which best shows the location of your discomfort.



2. How would you describe your pain?

- ☐ My pain is constant and it doesn't change, no matter what I do
- ☐ My pain is worse in the morning and eases off as I get up and move
- ☐ My pain gets worse when I'm not moving, for example when using a computer or driving a distance
- ☐ My pain gets worse doing repetitive manual tasks like ironing etc
- ☐ My pain comes and goes at different times for no reason I can think of

3. How long have you been experiencing this pain, numbness, or stiffness?

- ☐ Less than 6 weeks
- ☐ 6-12 weeks
- ☐ More than 12 weeks

4. How did the pain start?

- ☐ It came on suddenly while exercising or lifting an object
- ☐ It came on suddenly for no known reason
- ☐ It came on gradually for no known reason
- ☐ It came on after an accident
- ☐ It is a recurring pain from a previous injury

4a. If you answered 'after an accident' above, what best describes your accident?

- ☐ It came on with a fall from a height greater than 1m or from a recreational activity (eg trampolining, horse riding, water skiing) or from diving into water
- ☐ It came on from a fall down stairs or a fall where I sustained other injuries
- ☐ It came on from a significant vehicle collision eg either car travelling above 60 mph at impact, if you were on a motorbike or bicycle, or the vehicle you were travelling in overturned
- ☐ It came on after being in a car accident where both cars were not travelling at high speeds or from a collision playing sports

4b. Did you feel pain immediately?

- ☐ Yes, I felt the pain immediately
- ☐ No, I did not feel the pain until at least the following day

4c. Did you lose consciousness during the accident?

- ☐ Yes, I was knocked unconscious
- ☐ I was not knocked unconscious but I suffered a concussion
- ☐ No, I did not lose consciousness and was not concussed during the accident.

5. Have you recently had a medical examination due to your pain? (Eg. attended GP or hospital)

- ☐ No
- ☐ Yes
- ☐ Yes, and I have had a scan performed (eg. X-ray or MRI)

6. Do you think the pain that you are telling us about is:

- ☐ Getting better?
- ☐ Getting worse?
- ☐ Staying the same?

7. Are you currently being tested for or have been diagnosed with rheumatoid arthritis (this is different from osteoarthritis) or ankylosing spondylitis?

- ☐ Yes
- ☐ No

8. Is your pain much worse at night (when you are in bed or trying to sleep)?

- ☐ Yes, nothing eases it and the pain is so intense I cannot sleep at all
- ☐ Yes, but I can ease it (eg. with movement or medication)
- ☐ No, my pain is not worse at night

9. Are you currently taking any medication for your neck pain?

- ☐ Yes, and this helping my pain
- ☐ Yes, but this is not helping my pain
- ☐ No
- ☐ No, I stopped taking the medication as it wasn't helping (or for any other reason)

10. Since your pain started have you felt weakness or clumsiness in your arms or fingers?

- ☐ Yes
- ☐ No

10a. If you answered yes above, then

- ☐ I am dropping things much more often
- ☐ I am struggling with handwriting
- ☐ I am struggling to open and close my hands fully
- ☐ I am struggling to do up buttons.
- ☐ I am struggling to open things or use cutlery
- ☐ All of the above

11. Do you feel your walking and balance has deteriorated since the onset of your pain? For example, do you feel heaviness and weakness in your legs and feet, or do you feel that you are leaning or being pulled to one side?

- ☐ Yes ☐ No

11a. If yes then

- ☐ I feel my balance is poor due to dizziness
- ☐ I feel when walking I am being pulled to one side
- ☐ I feel my balance is poor due to weakness in one leg
- ☐ I feel my balance is poor because I can't lift one or both feet - I just can't lift my foot and big toe off the ground from my ankle - it flaps around when I walk
- ☐ I feel my balance is poor because i get so short of breath quickly
- ☐ I feel my balance is poor because both legs are suddenly so weak.

12. Are you struggling to keep your head upright due to heaviness or is your head being pulled to one side due to tight muscles?

- ☐ Yes ☐ No

13. Do you also get a headache with your neck pain?

- ☐ No
- ☐ Yes
- ☐ Yes, and it is getting more severe
- ☐ Yes, but I suffered from headaches previously
- ☐ Yes, and this headache is unlike anything I have felt before

14. Do you feel your eye is drooping and your pupil is fixed or are you struggling to move your tongue correctly left to right?

- ☐ Yes ☐ No

DIAGRAM

15. Do you have jaw and/or tongue pain when chewing or unexplained ringing in your ears?

- ☐ Yes, I have one or more of these symptoms
☐ No

16. Since your neck pain began, do you have facial pain or the feeling you are going to be sick?

- ☐ Yes ☐ No

17. Apart from your neck pain, do you feel generally unwell or feverish and you don't know why?

- ☐ Yes, but I have been to the GP about this
☐ Yes, and I have not seen any medical professional about this
☐ No

18. Have you recently lost a lot of weight? (more than 5 percent in 3 to 6 months for example someone at 12 stone losing over 8lbs)

- ☐ Yes ☐ No

18a. If you answered yes above, how did you lose your weight?

- ☐ Yes I have lost weight but this is due to diet change
☐ Yes I have lost weight but this is due to increased exercise
☐ Yes I have lost weight but it is because I have lost my appetite
☐ Yes I have lost weight and I have no idea why

19. Do you currently have, or have you had a cancer related illness?

☐ Yes ☐ No

If you answered yes above, please complete these questions

19a. Do you still attend a clinic for a checkup in relation to your cancer or, did you have cancer *less than* 5 years ago?

☐ Yes ☐ No

19b. Was your cancer malignant?

☐ Yes ☐ No

19c. Was your cancer of the breast, lung, prostate or kidney?

☐ Yes ☐ No

19d. Are you scared to carry out daily tasks, activities, or movements due to your neck pain?

☐ Yes ☐ No

19e. If you place an ice pack on your pain area for 5 minutes does the pain significantly increase?

☐ Yes ☐ No ☐ I haven't tried this

19f. Can you stand in this position for 30 seconds with your eyes closed without losing your balance or control?

☐ Yes ☐ No, I lose my balance

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