

Dr. Pitt's Appointment Request Form

Date/Time Stamp: _____

- Do you have a fracture of the bones of the spine (fractured disks do not count!)?
- Have you lost complete control of Bowel or Bladder function?
- Do you have constant night sweats, or unexplained weight loss or loss of appetite?
- Have you been referred from other Orthopaedic, Spine or Neuro Surgeons?

Name: _____ D.O.B: _____
(mm/dd/yyyy)

Phone #: _____ Email Address: _____

Referring MD: _____ Specialty: _____

Referring MD Phone #: _____

Address: _____ Insurance: _____
 _____ ID #: _____
 _____ Primary Insurance card holder: _____
 _____ P.O Box # _____

Reason for Visit (Specific diagnosis if known)? _____

How Long has the problem been present? _____

Accident Related? _____

Prior Surgery: _____ Date of prior surgery: _____

Name of Surgeon: _____

Type of Surgery: _____

For Neck Pain patients only:

- Do you have Neck Pain? Yes No
- Do you have Arm Pain? Yes No
- If "yes" to both above, which pain is worse, Neck or Arm? Neck (____%) Arm (____%)

- Numbness or clumsiness in the hands. Yes No
- Frequently stumble, fall, or have difficulty walking. Yes No

For Low Back/Leg pain patients only:

- Do you have Back Pain? Yes No
- Do you have leg Pain? Yes No
- If "yes" to both above, which pain is worse, Back or Leg? Back (____%) Leg (____%)
- Do you have numbness or tingling anywhere? Yes No If so, where? _____

Conservative Medical Management (CMM) Section

- Have you had regular spine x-rays in the past 6 months? Yes No
- Have you had an MRI or CT scan in the past year? Yes No
- Have you completed a course of spine physical therapy in the last 9 months? Yes No
- Have you been on Anti-inflammatory for your spine in the last 3 months? Yes No
- Have you been on Narcotics for your spine in the last 3 months? Yes No
- Have you ever been a smoker? Yes No Do you have any allergies? Yes No

Please bring the completed questionnaire to your first office visit. This will expedite the registration process. www.AZSpineSurgeon.com

For Office Use Only
 Appointment Date/Time: _____