PHYSICIAN QUESTIONNAIRE

POST-OPERATIVE

LOW BACK PAIN FORM 6.4

Patient ID ____

Physician ID ____

Clinic/Site ID ____

(0.0.0,104.52,104.53)

1. DATE OF SURGERY: ____ ____ / ____ ____ / ____ ____ 104.191
month day year

2. DATE OF THIS PATIENT POST-OP VISIT: ____ ____ / ____ ____ / ____ ____ 104.332
month day year

3. DATE FORM FILLED OUT: ____ ____ / ____ ____ / ____ ____ 104.333
month day year

4. NEW COMPLICATIONS NOT PREVIOUSLY RECORDED (check all that apply): 104.334

a. None ..... ☐
b. Wound infection ..... ☐
c. Delayed wound healing (including flat necrosis, persistent drainage) ... ☐
d. Cardiovascular (AMI, congestive heart failure) ..... ☐
e. Pneumonia ..... ☐
f. Pulmonary embolism ..... ☐
g. Neurological deficit ..... ☐
h. DVT ..... ☐
i. Failure of hardware ..... ☐
j. Recurrent disc herniation ..... ☐
k. Arachnoiditis ..... ☐
l. Dural leak ..... ☐
m. Death ..... ☐
n. Other (fever>=39, drug reactions): _____ ..... ☐

5. ANKLE REFLEXES (check one for each row): 104.747

	None (0)	Less Than Normal (+ 1)	Normal (+ 2 + 3)	More Than Normal (+ 4 + 5)	Not Done
a. Right	☐	☐	☐	☐	☐
b. Left	☐	☐	☐	☐	☐

6. KNEE REFLEXES (check one for each row): 104.749

	None (0)	Less Than Normal (+ 1)	Normal (+ 2 + 3)	More Than Normal (+ 4 + 5)	Not Done
a. Right	☐	☐	☐	☐	☐
b. Left	☐	☐	☐	☐	☐

7. IS ALL MUSCLE STRENGTH NORMAL ? ☐ Yes ☐ No ☐ Not Done 104.428

8. ARE ALL SENSORY FINDINGS NORMAL? ☐ Yes ☐ No ☐ Not Done 104.429

9. PHYSICIAN DISCREPANCY FACTOR ..... ☐ Positive ☐ Negative ☐ Not Done 104.430
(Observed patient behavior does not correspond with patient report of symptoms)