

Mark Lockwood, DC  
Paul Gamman, DC

12951 Bel-Red Rd. #120  
Bellevue, WA 98005  
425-455-3636

Date \_\_\_\_\_

Name \_\_\_\_\_  Male  Female Age \_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ Apt # \_\_\_\_\_ SS# \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

City \_\_\_\_\_ Marital Status: S M Spouse Name \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ # of children \_\_\_\_\_

Family Doctor \_\_\_\_\_

Dr's number \_\_\_\_\_

Who may we thank for referring you?

\_\_\_\_\_

Phone Numbers:

Home \_\_\_\_\_ Cell \_\_\_\_\_

Work \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone \_\_\_\_\_ Relation \_\_\_\_\_

E-Mail Address : \_\_\_\_\_

### Signatures

Name of the insured \_\_\_\_\_

I understand and agree that health/accident insurance policies are an arrangement between an insurance carrier and myself. I understand and agree that all services rendered to me and charged are my personal responsibility for timely payment. I understand that if I suspend or terminate my care/treatment, any fees for professional services rendered to me will be immediately due and payable.

Patient's signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse's or guardian's signature \_\_\_\_\_ Date \_\_\_\_\_



# LOW BACK PAIN & DISABILITY INDEX

Mark Lockwood, D.C.  
12951 Bel-Red Rd., #120  
Bellevue, WA 98005  
425-455-3636

Please Read: This questionnaire is designed to enable us to understand how much your neck pain has affected your ability to manage everyday activities. Please answer each Section by circling the **ONE CHOICE** that most applies to you. We realize that you may feel that more than one statement may relate to you, but Please **just circle the one choice which closely describes your problem right now.**

### SECTION 1--Pain Intensity

- A. The pain comes and goes and is very mild.
- B. The pain is mild and does not vary much.
- C. The pain comes and goes and is moderate.
- D. The pain is moderate and does not vary much.
- E. The pain is severe but comes and goes.
- F. The pain is severe and does not vary much.

### SECTION 2--Personal Care (Washing, Dressing etc.)

- A. I would not have to change my way of washing or dressing to avoid pain.
- B. I do not normally change my way of washing or dressing even though it causes some pain.
- C. Washing and dressing increase the pain, but I manage not to change my way of doing it.
- D. Washing and dressing increase the pain and it is necessary to change my way of doing it.
- E. Because of the pain, I am unable to do any washing and dressing without help.

### SECTION 3--Lifting

- A. I can lift heavy weights without extra pain.
- B. I can lift heavy weights but it causes extra pain.
- C. Pain prevents me from lifting heavy weights off the floor.
- D. Pain prevents me from lifting heavy weights off the floor, but I can if they are conveniently positioned, for example on a table.
- E. Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned.
- F. I can only lift very light weights, at the most.

### SECTION 4 --Walking

- A. Pain does not prevent me from walking any distance.
- B. I have some pain with walking but it does not increase with distance.
- C. Pain prevents me from walking more than one mile.
- D. Pain prevents me from walking more than 1/2 mile.
- E. I can only walk while using a cane or on crutches.
- F. I am in bed most of the time and have to crawl to the toilet.

### SECTION 5--Sitting

- A. I can sit in any chair as long as I like without pain.
- B. I can only sit in my favorite chair as long as I like.
- C. Pain prevents me from sitting more than one hour.
- D. Pain prevents me from sitting more than 1/2 hour.
- E. Pain prevents me from sitting more than ten minutes.
- F. Pain prevents me from sitting at all.

### SECTION 6 -- Standing

- A. I can stand as long as I want without pain.
- B. I have some pain while standing, but it does not increase with time.
- C. I cannot stand for longer than one hour without increasing pain.
- D. I cannot stand for longer than 1/2 hour without increasing pain.
- E. I can't stand for more than 10 minutes without increasing pain.
- F. I avoid standing because it increases pain right away.

### SECTION 7--Sleeping

- A. I get no pain in bed.
- B. I get pain in bed, but it does not prevent me from sleeping.
- C. Because of pain, my normal night's sleep is reduced by less than one-quarter.
- D. Because of pain, my normal night's sleep is reduced by less than one-half.
- E. Because of pain, my normal night's sleep is reduced by less than three-quarters.
- F. Pain prevents me from sleeping at all.

### SECTION 8—Social Life

- A. My social life is normal and gives me no pain.
- B. My social life is normal, but increases the degree of my pain.
- C. Pain has no significant effect on my social life apart from limiting my more energetic interests, e.g., dancing, etc.
- D. Pain has restricted my social life and I do not go out very often.
- E. Pain has restricted my social life at home.
- F. Pain prevents me from social life at all.

### SECTION 9--Traveling

- A. I get no pain while traveling.
- B. I get some pain while traveling, but none of my usual forms of travel make it any worse.
- C. I get extra pain while traveling, but it does not compel me to seek alternative forms of travel.
- D. I get extra pain while traveling which compels me to seek alternative forms of travel.
- E. Pain restricts all forms of travel.
- F. Pain prevents all forms of travel except that done lying down.

### SECTION 10—Changing Degree of Pain

- A. My pain is rapidly getting better.
- B. My pain fluctuates, but overall is definitely getting better.
- C. My pain seems to be getting better, but improvement is slow at present.
- D. My pain is neither getting better nor worse.
- E. My pain is gradually worsening.
- F. My pain is rapidly worsening.

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

Score \_\_\_\_\_

# Motor Vehicle Collision Report

Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Date of accident \_\_\_\_\_ Time of accident \_\_\_\_\_ am / pm

Were you?  Driver  Passenger  Front seat  Back seat  Right  Left

Number of vehicles involved in accidents \_\_\_\_\_ Number of people in your car \_\_\_\_\_

Were other people injured in your car?  No  Yes - Names \_\_\_\_\_

Make/model/year of your vehicle \_\_\_\_\_

Make/model/year of other vehicles \_\_\_\_\_

What direction were you headed?  North  South  East  West

On the name of Street & city \_\_\_\_\_ Rate of speed \_\_\_\_\_

What direction was other vehicle headed?  North  South  East  West

on name of Street \_\_\_\_\_ Rate of speed \_\_\_\_\_

Road conditions were:  Wet  Dry

You are struck from:  Behind  Front  On the Left  On the Right

Please check all that apply

Did you brace upon anticipation of impact?  Yes  No

Did you have a seat restraint on?  Yes  No

Did your car have properly positioned headrests?  Yes  No

Was your head turned at the time of the collision?  Forward  Left  Right  Up  Down

Did you hit anything inside your car?  Steering Wheel  Air Bag  Headrest  Door  Window

Were you knocked on conscience?  No  Yes if "Yes", for how long? \_\_\_\_\_

After the collision, did you vehicle hit anything before it stopped?  No  Yes

If "Yes", What did you hit? \_\_\_\_\_

Were police notified?  Yes  No Was a police report made?  Yes  No

Treated at the scene?  Yes  No Did you go to the hospital?  Yes  No

Was a ticket issued?  Yes  No Was your car Towed?  Yes  No

Where did you receive medical attention after the accident \_\_\_\_\_

Amount of damage to your car \$ \_\_\_\_\_ Other Car Damage \$ \_\_\_\_\_

In your own words, please describe the accident \_\_\_\_\_

## Please describe how you felt:

a) Immediately after the accident \_\_\_\_\_

b) Later that same day \_\_\_\_\_

c) The next day \_\_\_\_\_

What are Today's complaints and symptoms \_\_\_\_\_

Since the injury occurred are your symptoms  Improving  Getting worse  No change

## NECK PAIN & DISABILITY INDEX

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### SECTION 1--Pain Intensity

- A. I have no pain at the moment
- B. The pain is mild at the moment.
- C. The pain comes and goes and is moderate.
- D. The pain is moderate and does not vary much.
- E. The pain is severe but comes and goes.
- F. The pain is severe and does not vary much.

### SECTION 6 -- Concentration

- A. I can concentrate fully when I want to with no difficulty.
- B. I can concentrate fully when I want to with slight difficulty.
- C. I have a fair degree of difficulty in concentrating when I want to.
- D. I have a lot of difficulty in concentrating when I want to.
- E. I have a great deal of difficulty in concentrating when I want to.
- F. I cannot concentrate at all.

### SECTION 2--Personal Care (Washing, Dressing etc.)

- A. I can look after myself without causing extra pain.
- B. I can look after myself normally but it causes extra pain.
- C. It is painful to look after myself and I am slow and careful.
- D. I need some help, but manage most of my personal care.
- E. I need help every day in most aspects of self-care.
- F. I do not get dressed; I wash with difficulty and stay in bed.

### SECTION 7--Work

- A. I can do as much work as I want to.
- B. I can only do my usual work, but no more.
- C. I can do most of my usual work, but no more.
- D. I cannot do my usual work.
- E. I can hardly do any work at all.
- F. I cannot do any work at all.

### SECTION 3--Lifting

- A. I can lift heavy weights without extra pain.
- B. I can lift heavy weights but it causes extra pain.
- C. Pain prevents me from lifting heavy weights off the floor but I can if they are conveniently positioned, for example on a table.
- D. Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned.
- E. I can lift very light weights.
- F. I cannot lift or carry anything at all.

### SECTION 8--Driving

- A. I can drive my car without neck pain.
- B. I can drive my car as long as I want with slight pain in my neck.
- C. I can drive my car as long as I want with moderate pain in my neck.
- D. I cannot drive my car as long as I want because of moderate pain in my neck.
- E. I can hardly drive my car at all because of severe pain in my neck.
- F. I cannot drive my car at all.

### SECTION 4 --Reading

- A. I can read as much as I want to with no pain in my neck.
- B. I can read as much as I want with slight pain in my neck.
- C. I can read as much as I want with moderate pain in my neck.
- D. I cannot read as much as I want to because of moderate pain in my neck.
- E. I cannot read as much as I want to because of severe pain in my neck.
- F. I cannot read at all.

### SECTION 9--Sleeping

- A. I have no trouble sleeping
- B. My sleep is slightly disturbed (less than 1 hour sleepless).
- C. My sleep is mildly disturbed (1-2 hours sleepless).
- D. My sleep is moderately disturbed (2-3 hours sleepless).
- E. My sleep is greatly disturbed (3-5 hours sleepless).
- F. My sleep is completely disturbed (5-7 hours sleepless).

### SECTION 5--Headache

- A. I have no headaches at all.
- B. I have slight headaches that come infrequently.
- C. I have moderate headaches that come infrequently.
- D. I have moderate headaches that come frequently.
- E. I have severe headaches that come frequently.
- F. I have headaches almost all of the time.

### SECTION 10--Recreation

- A. I am able engage in all recreational activities with no pain in my neck at all.
- B. I am able engage in all recreational activities with some pain in my neck.
- C. I am able engage in most, but not all recreational activities because of pain in my neck.
- D. I am able engage in a few of my usual recreational activities because of pain in my neck.
- E. I can hardly do any recreational activities because of pain in my neck.
- F. I cannot do any recreational activities at all.

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

Score \_\_\_\_\_