SPINE & ORTHOPAEDICS
DR RADEK P KINDL

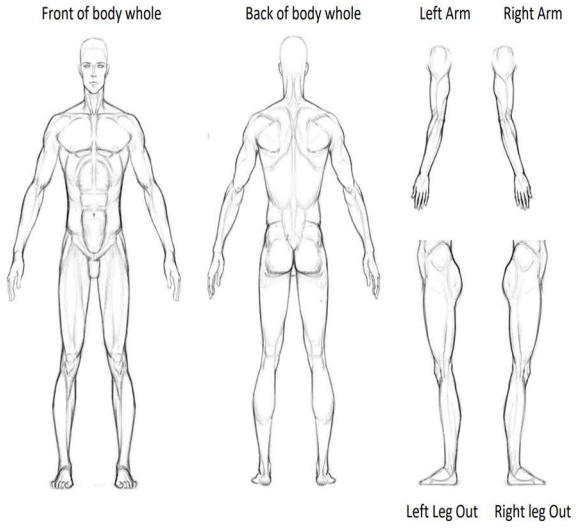
DR RADEK P KINDL
MBBS, FRACS (ORTH), FAOA
SPINE & SCOLIOSIS SURGEON
PROVIDER NO: 275261EA

Patient Symptoms Questionnaire

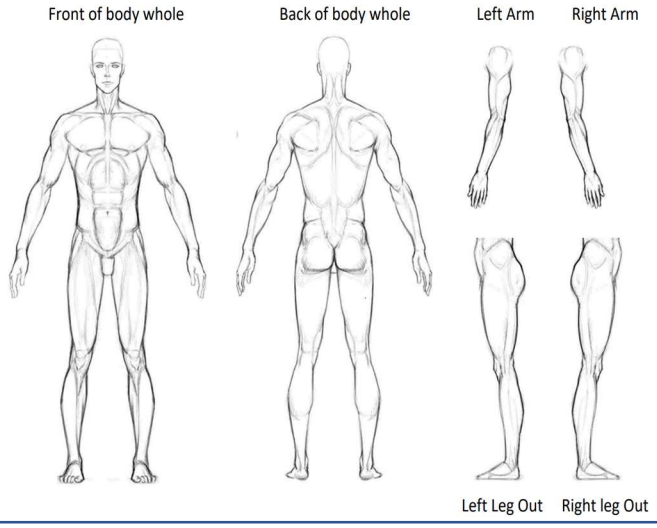
Name: _____

Occupation: _____ **Date:** _____

Please draw the exact areas of pain



Please any areas of numbness, pins and needles



Tell us a little more about your symptoms:

When did they start? _____

Was there an injury or accident? _____

How are your daily activities impacted: Work, hobbies leisure? _____

_____

Is your sleep effected? _____

How far can you walk (approx. distance)? _____

Any thing else you think Dr Kindl should know? _____

_____

_____

_____

_____