



Move. Ever. Upward.

MiniSKreen TM – Spinal

Questionnaire:

Do you currently suffer from pain and/or stiffness in your lower back, middle back, or neck? **Yes** **No**

Are you currently receiving treatment for pain and/or stiffness in your low back, middle back, or neck? **Yes** **No**

Do you have pain, numbness, or tingling radiating down the arms or legs? **Yes** **No**

Do you have any loss of control of bowel or bladder? **Yes** **No**

Have you been in a motor vehicle accident over the last six months? **Yes** **No**

Do you have dizziness with neck movement? **Yes** **No**

Have you had any spinal surgery over the past year? **Yes** **No**

If yes, what kind?

Comments:

Referral to Physician **Yes** **No**

Date: _____

Signature: _____