Dr Jaytesh Pillay
Orthopaedic & Spine Surgeon
ortho@drjpillay.com
www.myspine.co.za
MBChB (Pretoria), FC Orth (SA), Practice No: 0552291, MP: 0660744
Spine@Kloof
012 367 4481
Mediclinic Kloof Hospital
Suite G11

Spine Questionnaire

Patient Information:

Patient Name & Surname: _____ Title: _____

Contact number: _____ Date of birth: ___/___/_____ Age: _____

Medical Aid: _____ Option_____ Member number_____

Additional Information:

Have you been referred by another Dr? ☐ Yes ☐ No

If yes, please answer the following:

- Referred by: _____
- Telephone number of the referring Dr: _____

Is this consultation for a second opinion? ☐ Yes ☐ No

Where is the main source of pain?

☐ Lower back pain

☐ Neck pain

Have you ever had surgery / pain procedures on your back / neck before? ☐ Yes ☐ No

If yes, please describe the type of surgery/procedure performed as well as when it was performed: _____

_____

_____

_____

Please answer the following questions and be as accurate as possible:

1. What are your current symptoms: _____

_____

_____

Dr Jaytesh Pillay
Orthopaedic & Spine Surgeon
ortho@drjpillay.com
www.myspine.co.za
MBChB (Pretoria), FC Orth (SA), Practice No: 0552291, MP: 0660744
Spine@Kloof
012 367 4481
Mediclinic Kloof Hospital
Suite G11

2. How long have you had these symptoms for? _____

3. Were your symptoms caused by an injury? ☐ Yes ☐ No
   If yes, please describe: _____

   _____

   _____

4. Do you experience the following (please tick in the box):
   ☐ Pain down the arms/legs ☐ Numbness in the legs / feet / arms / hands
   ☐ Pins and needles ☐ Difficulty with bladder / bowel (such as incontinence or leaking)
   ☐ Weakness of the legs / arms / hands (such as weak grip or a foot drop)

5. Where is your main pain located (please tick in the box):
   ☐ Spine only ☐ Spine & Leg/Arm ☐ Leg/Arm only

6. On a scale of 1 – 10, how would you rate your pain?
   0 -----1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7 ----- 8 ----- 9 ----- 10

   Scale:
   0 | No pain ---------- 10 | Severe

7. How far can you walk before pain stops you (please tick in the box):
   ☐ <50m
   ☐ 50 – 100m
   ☐ >100m

8. Have you ever had any consultations / treatment for your **CURRENT** back / neck problem?
   ☐ Seen a GP ☐ Seen a spine specialist ☐ Other
   ☐ Physiotherapy ☐ Chiropractic care
   ☐ Biokinetics ☐ Medications
   If yes to any of the above, please specify: _____

   _____

   _____

9. Did you have any investigations done in the past year:
   ☐ MRI/CT scan ☐ XRAYS ☐ None
   Please specify when and where they were done (**provide a copy/link to access the scan**): _____

   _____

Dr Jaytesh Pillay
Orthopaedic & Spine Surgeon
ortho@drjpillay.com
www.myspine.co.za
MBChB (Pretoria), FC Orth (SA), Practice No: 0552291, MP: 0660744
Spine@Kloof
012 367 4481
Mediclinic Kloof Hospital
Suite G11

10. Do you use any walking aid? (Please tick in the box):

☐ Wheelchair ☐ Crutches

☐ Walking frame ☐ Cane

☐ None

11. Any additional information that you think we need to know: _____

_____

_____

By signing this document, I consent to the provision of this information to Dr Jaytesh Pillay and confirm that the information provided is true and correct at the time of completion. I further grant Dr Pillay permission to access and review my relevant imaging studies.

_____ _____

Signature Date

Please email the completed document to ortho@drjpillay.com