INSTITUTO CLAVEL

Neurocirugía que cambia vidas

Patient Data Sheet

PERSONAL DATA

Patient's Name: Spanish DNI / Passport Number:

Email address: Birth date:

Address: Province:

City/Town: Country: Postal Code:

Height: Weight: Occupation:

Home phone: Mobile:

If you have a medical insurance, please specify:

Is it a Reimbursement Insurance? (Please mark the appropriate option) ☐ Yes ☐ No

Sex: ☐ Male ☐ Female Are you: ☐ Right-handed ☐ Left-handed

What is your main problem(s) for which you are seeking treatment at Instituto Clavel:

HABIT DETAILS: (Please note all information is strictly confidential)

Alcohol:

Cigarettes:

Drugs (cannabis, etc):

Homeopathic:

Other:

MEDICAL BACKGROUND:

Diabetes ☐ Yes ☐ No

Pacemaker ☐ Yes ☐ No

Anticoagulation (Are you taking any anticoagulant medication?) ☐ Yes ☐ No

¿HOW DID YOU LEARN ABOUT US?

☐ Web-site ☐ Press / digital advertising

☐ Friends ☐ Social media

☐ Family ☐ Others

☐ Referred by another doctor (please provide the name) _____

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PLEASE DESCRIBE YOUR BACK PAIN HISTORY: Accidents, events requiring visit to doctor, conservative treatment for spine problem, etc.

_____

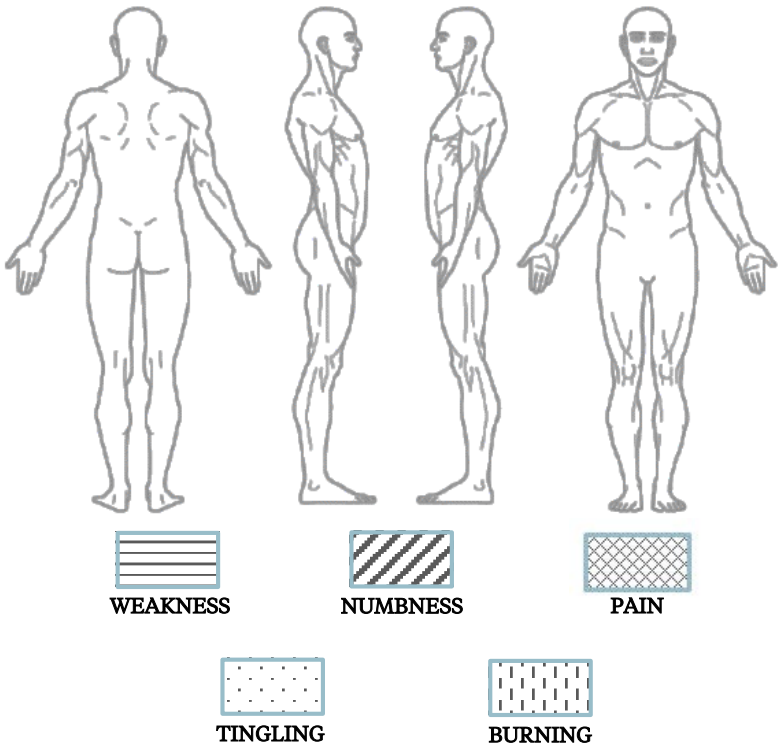
_____

_____

_____

_____

USING THE APPROPIATE SYMBOLS, MARK ON THE BODY DIAGRAM WHERE THE FEEL THE FOLLOWING SENSATIONS:



PAIN SUMMARY

Onset Date: .....

Please rate the intensity of the pain over the past 4 weeks up to today on a scale from 0 to 10. 0 (No pain) to 10 (Unbearable pain)

LOWER BACK PAIN	☐0 ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10
SCIATIC PAIN	☐0 ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10
LEG PAIN	☐0 ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10
NECK PAIN	☐0 ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10
ARM PAIN	☐0 ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10

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Previous surgeries related to lumbar/cervical pain _____
Other surgeries _____
Known allergies _____
Medications (related to symptoms) _____
Other medications _____

MEDICAL HISTORY

Mark with an X those you DO have or have had:

☐ Blood pressure
☐ Hypertension
☐ Heart conditions
☐ Heart murmur
☐ Arrhythmias
☐ Chest pain
☐ Stroke
☐ Anemia
☐ Kidney problems
☐ HIV positive
☐ Asthma
☐ Respiratory problems
☐ Lupus
☐ Arthritis
☐ Other back problems

☐ Blood clots
☐ Bleeding disorders
☐ Cancer
☐ Colitis
☐ Depression
☐ Diabetes
☐ Eye problems
☐ Epilepsy
☐ Hepatitis
☐ Migraines
☐ Nervous breakdowns
☐ ENT problems
☐ Osteoporosis
☐ Pneumonia
☐ Seizures

☐ Skin cancer
☐ Stomach problems
☐ Thyroid problems
☐ Tuberculosis
☐ Blood transfusions
☐ Jaundice

PHYSICAL STRAIN AT WORK

The physical strain in job and leisure time plays a major role for orthopedic diagnosis and therapy.
This questionnaire will therefore help us to help you.

What is the profesión you work in? _____

Have you had to stop working or change jobs because of your condition? ☐ Yes ☐ No

If yes, when? _____

What job are you working in at present?

You are working ☐ Fulltime ☐ Part-time ☐ A few hours per day

- Is your job physically straining for you? ☐ Yes ☐ No
- Is it associated with monotonous body postures? ☐ Yes ☐ No
- Does your condition make it difficult to work? ☐ Yes ☐ No

PHYSICAL STRAIN IN LEISURE ACTIVITIES

Are you able to do sports activities? ☐ Yes ☐ No
If yes, what kind of sports are you doing? _____
Did you do any sports before? ☐ Yes ☐ No
If yes, what kind of sports? _____

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OWESTRY DISABILITY INDEX

This questionnaire has been designed to give us information on how your back pain has affected your ability to manage everyday life. Please answer every section, and mark in each section only the one answer that applies to you. We realize that you may consider that two of the statements in any one section relate to you, but please check just one which most clearly describes your problem.

Section 1: Pain intensity

☐ I can tolerate the pain I have without having to use pain killers.
☐ The pain is bad but I manage without taking pain killers.
☐ Pain killers give complete relief from pain.
☐ Pain killers give moderate relief from pain.
☐ Pain killers give very little relief from pain.
☐ Pain killers have no effect on the pain and I do not use them.

Section 2: Personal care

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

Section 3: Lifting

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

Section 4: Walking

☐ Pain does not prevent me walking any distance.
☐ Pain prevents me walking more than 1 mile.
☐ Pain prevents me walking more than 0.5 miles.
☐ Pain prevents me walking more than 0.25 miles.
☐ I can only walk with crutches or a cane.
☐ I am in bed most of the time and have to crawl to the toilet.

Section 5: Sitting

☐ I can sit in any chair as long as I like.
☐ I can only sit in my favorite chair as long as I like.
☐ Pain prevents me sitting more than 1 hour.
☐ Pain prevents me from sitting more than 1/2 hour.
☐ Pain prevents me from sitting more than 10 minutes.
☐ Pain prevents me from sitting at all.

Section 6: Standing

☐ I can stand as long as I want without extra pain.
☐ I can stand as long as I want but it increases my pain.
☐ Pain prevents me from standing for more than 1 hour.
☐ Pain prevents me from standing for more than 30 minutes.
☐ Pain prevents me from standing for more than 10 minutes.
☐ Pain prevents me from standing at all.

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OWESTRY DISABILITY INDEX

Section 7: Sleeping

☐ Pain does not prevent me from sleeping well.
☐ I can sleep well only by using pain medication.
☐ Even when I take pain medication, I sleep less than 6 hours.
☐ Even when I take pain medication, I sleep less than 4 hours.
☐ Even when I take pain medication, I sleep less than 2 hours.
☐ Pain prevents me from sleeping at all.

Section 8: Sex life

☐ My sex life is normal and causes no extra pain.
☐ My sex life is normal but causes some extra pain.
☐ My sex life is nearly normal but is very painful.
☐ My sex life is severely restricted by pain.
☐ My sex life is nearly absent because of pain.
☐ Pain prevents any sex life at all.

Section 9: Social life

☐ My social life is normal and does not increase my pain.
☐ My social life is normal but increases my level of pain.
☐ Pain has no significant effect on my social life apart from limiting energetic interests such as dancing.
☐ Pain has restricted my social life and I do not go out very often.
☐ Pain has restricted my social life to my home.
☐ I have no social life because of pain.

Section10: Traveling

☐ I can travel anywhere without extra pain.
☐ I can travel anywhere but it increases my pain.
☐ Pain is bad but I manage journeys up to 2 hours.
☐ Pain restricts me to journeys of less than 1 hour.
☐ Pain restricts me to short, necessary journeys of less than 30 minutes.
☐ Pain prevents me from traveling except to the doctor or hospital.

I AGREE TO RECEIVE THE NEWSLETTER **Yes [ ] No [ ]**

DATE _____ **SIGN**

INFORMATION ON PERSONAL DATA PROTECTION

CONTROLLER: INSTITUTO CLAVEL, S.L.P. (B65134819), Plaza Alfons Comín, 5 (Clínica Quirón), 08023 de Barcelona - clavel@delegado-datos.com. PURPOSES: To evaluate your case and present our service proposal and subsequent monitoring, which involves processing health and medical record-related data. If you accept, to send you the newsletter regarding our services, products, activities or events, including via electronic means. LEGAL GROUNDS: Consent of the data subject when requesting an evaluation of their clinical case and a cost estimate of the services and to authorize the sending of information about our company. RECIPIENTS: Personal information will not be shared with third parties. STORAGE: During the evaluation of the case and until acceptance or otherwise of the proposal. In the case of accepting commercial information, until you cancel your subscription. RIGHTS: You may withdraw your consent at any time, unsubscribe from our communications and exercise your rights of access, rectification, erasure and/or data portability or to object to or request restriction of the processing by writing to the Controller or to the Data Protection Officer appointed for this purpose (clavel@delegado-datos.com), by presenting a copy of your ID Document and indicating the right you wish to exercise. In the event of any dispute with the entity with regard to the processing of your personal data, you may lodge a claim with the Data Protection Authority (www.aepd.es).

---- THANK YOU ----

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