



Lift Test / Back Exam History

Name:

Today's Date:

SSN:

Birth Date:

Employer:

1. Have you ever experienced back pain? Yes No

If yes, please explain

2. Have you ever experienced numbness or tingling down your legs? Yes No

If yes, please explain

3. Have you ever been in physical therapy, chiropractic care or medical care for any back related problems? Yes No

If yes, please explain

4. Have you ever had surgery for any back related problems? Yes No

If yes, please explain

5. Have you ever had injections for back pain, leg numbness or tingling? Yes No

If yes, please explain

6. Have you ever had any back x-rays, MRI or other diagnostic studies of your back done?
 Yes No

If yes, please explain

I herby certify that I have fully read the above questions and that my answers are true and correct.

Sign

Date