

Low Back Pain Screening Questions

1. Have you experienced back pain in recent years? Yes No
2. Did you have to stop working? Yes No
3. Did the problem affect your function in other parts of life (e.g. sports, home life, relationships, etc.?) Yes No
4. Do you have difficulty or increased back pain with sitting or driving for greater than 30 minutes? Yes No
5. Do you have or difficulty or increased back pain with standing and/or walking for greater 15 minutes? Yes No
6. Have you tried other or treatment options (drugs, chiropractic, exercise, surgery, etc) without full recovery or a relapse? Yes No
7. Would you like some help with your current situation? Yes No

If you answered "yes" to 2 or more of the questions, physical therapy may help you.

Here's how:

1. Sign up for a Free Consultation with a 3D PT Physical Therapist.
2. Contact your PCP/MD for a prescription for full Physical Therapy Evaluation and Treatment.

Yes. Please contact my physician with my screening results and any recommendations.

X _____ 01/____ / 15

Print Name: _____

Phone: _____

If any of your family or friends would answer "yes" to 2 or more of the questions then 3D PT can help them also. Have them contact 3D PT for a FREE Screen and Consultation.



517.263.3378 or 517.424.8100

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