Clinical note

Last name, First Name : Date of the assessment :

Date of birth :

Clinical profile

Dominant site of pain : ☐ Back ☐ Leg (_____)

The pain is : ☐constant ☐ intermittent

Physical examination

Sensory function : (_____)
Motor function : (_____)
Reflexes : (_____)

Pathological reflexes : (_____)

Level of disability (Oswestry)

☐ minimal ☐ moderate ☐ severe ☐ crippled ☐ bed-bound or exaggerating symptoms

Risk of poor prognosis (StarT Back)

☐ minimal ☐ moderate ☐ severe

Diagnosis and management strategy

☐ Non-specific low back pain ☐ Radicular syndrome ☐ Specific low back pain ☐ Other causes

☐ Conservative management ☐ Neurosurgery referral indicated ☐ Further diagnostic tests needed

☐ Falls under another specialty ☐ Medical emergency

Signature