

**Spine Specialty Center**

**Dr. Douglas Linville**

**Adult Scoliosis/Kyphosis Patient Questionnaire**

This is a questionnaire for your completion. Please fill out the form completely and neatly. If you have any questions, please ask the nurse. Thank you for your cooperation.

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Age (years + months): \_\_\_\_\_

1. How and when was the scoliosis/kyphosis discovered? \_\_\_\_\_

\_\_\_\_\_

2. Previous treatment for scoliosis/kyphosis (i.e. brace): \_\_\_\_\_

\_\_\_\_\_

3. List past spine surgical procedures and dates: \_\_\_\_\_

\_\_\_\_\_

4. Do you know your present curve measurement? \_\_\_\_\_

\_\_\_\_\_

5. Latest x-ray, date, and location: \_\_\_\_\_

\_\_\_\_\_

6. Do you have any spinal pain? If so, describe: \_\_\_\_\_

\_\_\_\_\_

7. Do you feel that...

a. You are leaning to one side? Yes \_\_\_ No \_\_\_ Explain: \_\_\_\_\_

\_\_\_\_\_

b. You are losing your waistline on one side? Yes \_\_\_\_\_ No \_\_\_\_\_ Explain: \_\_\_\_\_

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c. Your hip is becoming more prominent on one side? Yes \_\_\_\_\_ No \_\_\_\_\_

Explain: \_\_\_\_\_

d. You are getting shorter? Yes \_\_\_\_\_ No \_\_\_\_\_ Explain: \_\_\_\_\_

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e. You are heavier but have not gained weight? Yes \_\_\_\_\_ No \_\_\_\_\_ Explain: \_\_\_\_\_

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f. You hem clothes differently? Yes \_\_\_\_\_ No \_\_\_\_\_ Explain: \_\_\_\_\_

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**Please also complete the spine pain form**

**THANK YOU!**