Peripheral Nerve Localization Form

INSTRUCTIONS:

The purpose of this questionnaire is to identify difficulties that you may be experiencing. Please answer every question, do not skip any questions and select which best fits for all of your answers.

NAME: DATE:

	Peripheral Nerves Intake	Yes	No	Pain Level
1.	Do you have pain in your spine?	Yes	No	0 1 2 3 4 5 6 7 8 9 10
2.	Do you have pain in your arms?	Yes	No	0 1 2 3 4 5 6 7 8 9 10
3.	Do you have pain in your legs?	Yes	No	0 1 2 3 4 5 6 7 8 9 10
4.	Do you have pain over your abdomen / torso?	Yes	No	0 1 2 3 4 5 6 7 8 9 10
5.	Do you have weakness in your back?	Yes	No	Mild / Moderate / Severe
6.	Do you have weakness in your shoulders?	Yes	No	
7.	Do you have weakness in your hips or glutes?	Yes	No	
8.	Do you have weakness in your arms?	Yes	No	Mild / Moderate / Severe
9.	Do you have weakness in your legs?	Yes	No	Mild / Moderate / Severe
10.	Do you have weakness in your feet?	Yes	No	Mild / Moderate / Severe
11.	Do you have weakness on one side of the body?	Yes	No	Mild / Moderate / Severe
12.	Do you have cramping?	Yes	No	Mild / Moderate / Severe
13.	Do you get weak with exercises or movement?	Yes	No	Mild / Moderate / Severe
14.	Do your muscles cramp and freeze with movement?	Yes	No	Mild / Moderate / Severe
15.	Do you have a loss in muscle size? Where: ________________________	Yes	No	Mild / Moderate / Severe
16.	Have your noticed your muscles jumping? Where: __________________	Yes	No	Mild / Moderate / Severe
17.	Do you have weakness with your face?	Yes	No	Mild / Moderate / Severe
18.	Do you have problems talking?	Yes	No	Mild / Moderate / Severe
19.	Do you have problems swallowing?	Yes	No	Mild / Moderate / Severe
20.	Do you have sensory loss or pain down your arm?	Yes	No	Mild / Moderate / Severe
21.	Do you have sensory loss or pain down your leg?	Yes	No	Mild / Moderate / Severe
22.	Do you have sensory loss on once side of the body?	Yes	No	Mild / Moderate / Severe
23.	Do your have sensory loss over your shoulders?	Yes	No	Mild / Moderate / Severe
24.	Do you have sensory loss with one arm or portion of the arm?	Yes	No	Mild / Moderate / Severe
25.	Do you have sensory loss with one or both hands or a single finger? If so, which areas: ______________________________	Yes	No	Mild / Moderate / Severe
26.	Do you have bowel or bladder control issues?	Yes	No	Mild / Moderate / Severe
27.	Do you have sensory loss over your abdomen or torso?	Yes	No	Mild / Moderate / Severe
28.	Do you have pain or sensory loss over your hips?	Yes	No	Mild / Moderate / Severe
29.	Do you have pain or sensory loss in one or both legs?	Yes	No	Mild / Moderate / Severe
30.	Do you have sensory loss in your feet or a portion of your foot. If so where: _________________	Yes	No	Mild / Moderate / Severe
31.	Do you have sensory loss in your face? If so where: _________________	Yes	No	Mild / Moderate / Severe
32.	Do you have high arches?	Yes	No	
33.	Do you have hammertoes?	Yes	No	

Functional Neurology Seminars LP © 2016 Dr. Datis Kharrazian and Dr. Brandon Brock

Peripheral Nerve Localization Form

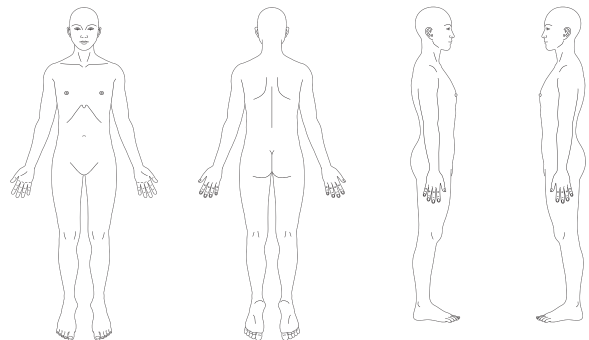
INSTRUCTIONS:

The purpose of this questionnaire is to identify difficulties that you may be experiencing. Please answer every question, do not skip any questions and select which best fits for all of your answers.

NAME: DATE:

	Gait:	Yes	No	Pain Level
1.	Do you fall frequently? How Often: ___________________________	Yes	No	
2.	Do you have a hard time standing on your toes or heels?	Yes	No	Mild / Moderate / Severe
3.	Do you fall to one side?	Yes	No	Mild / Moderate / Severe
4.	Do you walk with your legs wide or far apart?	Yes	No	Mild / Moderate / Severe
5.	Do you waddle when you walk?	Yes	No	Mild / Moderate / Severe
6.	Do you have a hard time going up or down stairs?	Yes	No	Mild / Moderate / Severe
7.	Is one or both arms tight or spastic?	Yes	No	Mild / Moderate / Severe
8.	Is one or both of your legs spastic?	Yes	No	Mild / Moderate / Severe
9.	Do your feet slap when you walk?	Yes	No	Mild / Moderate / Severe
10.	Do you have to high step when you walk?	Yes	No	Mild / Moderate / Severe
11.	Do you shuffle when you walk?	Yes	No	Mild / Moderate / Severe
12.	Is it hard to start walking?	Yes	No	Mild / Moderate / Severe
13.	Is it hard to turn if you stop walking?	Yes	No	Mild / Moderate / Severe

DOCTOR USE ONLY:



SIGNATURE: DATE:

Functional Neurology Seminars LP © 2016 Dr. Datis Kharrazian and Dr. Brandon Brock