

**Back Institute**  
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**LESS THAN 1 WEEK POST SURGERY FORM**

It will help us provide better care if you answer the following questions three days after your procedure.  
When finished, please fax us this form, or fill out the online form  
(<http://www.backinstitute.com/less1week.html>).

**NAME:** \_\_\_\_\_ **AGE:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**OCCUPATION:** \_\_\_\_\_

**CITY:** \_\_\_\_\_

**TODAY'S DATE:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **DATE OF SURGERY:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**How was your trip home?**

**Describe any symptoms you have now - pain, numbness, weakness.**

**How are your symptoms different in comparison to prior to your procedure?**

**What medication are you taking and how often?**

**Are you having or have you arranged any physical therapy or traction (at home or at a therapy center?) Please Describe:**

**When are you planning to return to work?**