



Orthopädisch-Neurochirurgisches Zentrum  
Datteln | Recklinghausen

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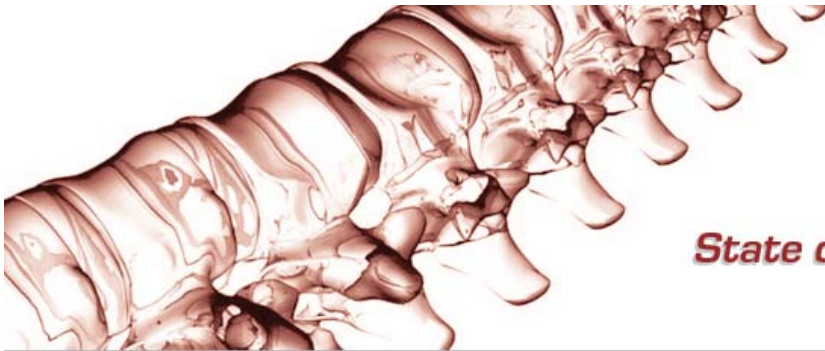
**Dr. Bernd Ferkmann -- Dr. Bernard Neuhaus -- Dr. Maximilian Timpte -- Dr. Wolfram Steens**

Fachärzte für Orthopädie und Unfallchirurgie, Spezielle Orthopädische Chirurgie, Chirotherapie, Sportmedizin Physikalische Therapie, Osteologie, Akupunktur, H - Ärzte

**Dr. Guido Ostermann -- Dr. Thomas Bierstedt -- Dr. Bernd Illerhaus**

Fachärzte für Neurochirurgie, Wirbelsäulenchirurgie, Chirotherapie, Akupunktur

**Bankverbindung:** Sparkasse Westmünsterland. BIC: WELADE3WXXX IBAN: DE 12 40154530 0036093151 Steuer-Nr.: 5340/5802/0304



**my Spine Solution**  
my Spine Solution

*State of the Art Surgical Solutions*

Mail completed Data Form and CD's or films of most recent MRI and X-Rays (AP, Lateral, Extension & Flexion views taken while standing)

to: **ONZ - My Spine Solution**  
**Attn: Dr. Bierstedt / Dr Illerhaus / Malte Petersen**  
Heibeckstrasse. 30  
45711 Datteln, Germany  
Phone # : 02363 - 3669-0

## Patient Data Sheet (PDS)

**Name** (first-middle-last) :

**Date of Birth** (i.e. Jan-10-1968) :

**Height** (indicate cms or inches) :

**Weight** (indicate kgs or lbs) :

**Box/Street #** :

**City/Town & State/Province** :

**Zip/Postal Code & Country** :

**Home / Cell Phone** :

**E-mail** :

# Pain Synopsis

When did your pain symptoms start?

Have pain symptoms changed within the past 6-12 months?  Yes  No

If YES, are they better or worse?

## Back / Leg Pain

	All back pain	More back pain then leg pain	50/50	More leg pain then back pain	All leg pain
Choose one	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Neck / Arm Pain

	All neck pain	More neck pain then arm pain	50/50	More arm pain then neck pain	All arm pain
Choose one	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Describe where the pain starts and radiates to:

**Pain Levels (0 = no pain - 10 = constant extreme pain) (please rate your AVERAGE PAIN)**

\* When you have the least amount of pain, what number would that be between 0 and 10.

\* When you have the most amount of pain, what number would that be between 0 and 10.

\* i.e. 20 days of the month you have a Minimum (3) pain, but 10 days of the month you have a Maximum (9) pain. So therefore the Average pain may be closer to the Minimum side than to the Maximum side of pain giving you an Average # of possibly (5).

	1	2	3	4	5	6	7	8	9	10
Minimum pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maximum pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Average pain at its Worst	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Average pain at its Best	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**What makes the pain worse?**

**Describe any numbness, tingling, neurodeficits, weakness, etc. in your leg/foot or arm/hand:**

**Tolerances / Endurance ( maximum time / distance )**

**Sitting :**

**Standing :**

**Walking :**

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# Personal Health Information

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Previous Spine Surgeries :

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Previous Other Surgeries :

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**Other Co-Existing Health issues (such as high blood pressure, cholesterol, depression, diabetes, heart disease, pace maker, asthma, kidney or liver disease, cancer, other?)**

Indicate in this box :

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Allergies of any kind (towards medication, metals, food, etc?):

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Indicate each name of the Medications you are taking -  
Spine Related

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Indicate each name of the Medications you are taking -  
Non-Spine Related

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## Case history - work involvement & leisure time activities

The physical strain in job and leisure time plays a major role for orthopedic diagnosis and therapy.  
This questionnaire will therefore help us to give you a proper evaluation.

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What is the occupation you work /  
worked in?

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Have you had to stop working or  
change occupations because of  
your condition?

- Yes  
 No

If YES, when?

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What occupation are you working  
at presently?

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Your present occupation, is it :

- physical work  
 non-physical work  
 not working  
 Other

---

Under which of these conditions  
are you working?

- Full time  
 Part time  
 Not working  
 Other

---

Is your occupation physically  
straining for you?

- Yes  
 No

---

Is your occupation associated with  
monotonous body postures?

- Yes  
 No  
 Not working

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Does your pain make it difficult  
to work?

- Yes  
 No  
 Not working
-

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Do your symptoms allow you to play sports / exercise?  Yes  
 No

If YES, what kind of sports / exercise **are** you doing?

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If NO, did you do any sports / exercise before?  Yes  
 No

If YES, what kind of sports / exercise **did** you do before?

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Will you have someone to support you at home after surgery?  Yes  
 No

Who will help you?  
(Spouse, friend, etc.) NAME :

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Is there anything, other than the prior questions you have answered, that you feel we should know about that may help with the evaluation?

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**International Director** E-mail: M.Petersen@ONZ-online.de / M.Petersen@mySpineSolution.com

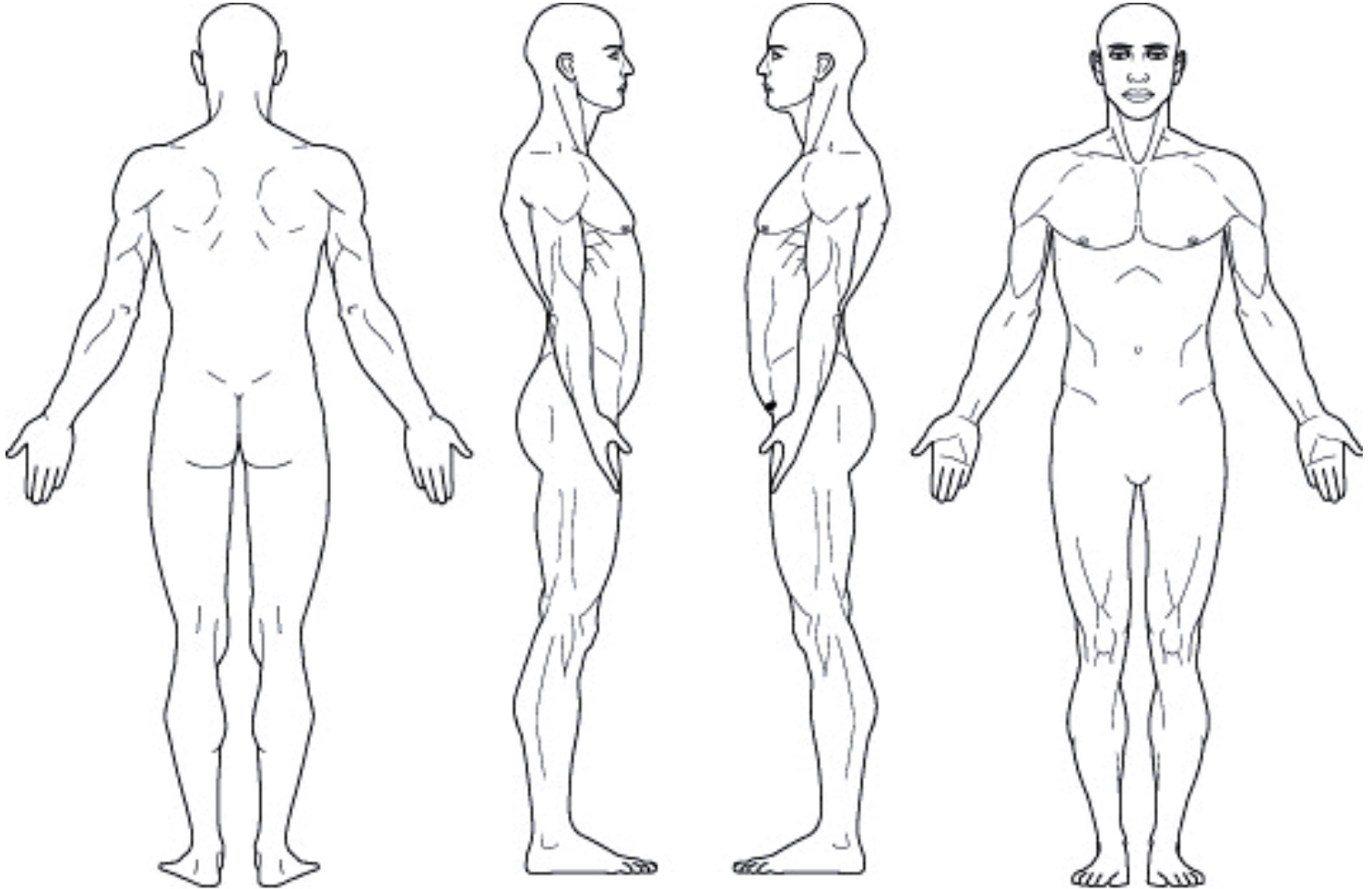
**Team Liaisons** E-mail: Ken@mySpineSolution.com / Kelli@mySpineSolution.com

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## Body Scheme

- 1) Print this form you have filled out.
- 2) Mark the pain area with an X. Draw a line to where the pain radiates to. An arrow at the end showing where the pain stops.
- 3) Date and sign the bottom of this page.
- 4) Mail this Data Form together with your Cd's to the address indicated on the front page.



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Within 3-7 business days of receiving your data in Germany you will receive a diagnosis and evaluation. This may be relayed through your Liaison. Therefore it is important that you stay in communication with your Liaison.

**DATE :**

**SIGNATURE :**

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### Ambulante und Stationäre Beleg - und Konsiliar - und Kooperationskliniken:

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