


## Spine Physical Therapy Clinical Assessment Questions

Cervical Myelopathy, Cervical Radiculopathy, Low Back Pain, Lumbar Radiculopathy,  
Lumbar Spinal Stenosis

 The questions listed below are for reference only. **PLEASE DO NOT FAX THIS DOCUMENT.**

<b>Patient Information</b>	First name	Last name	
	Member ID	Date of birth (MM/DD/YYYY)	

Which service are you requesting?

- Post-Operative Care Initial       Post-Operative Care Subsequent

### Cervical Myelopathy

**SECTION 1:** Fill out this section if requesting post-operative care initial or post-operative care subsequent visits.

#### Question 1

What is the patient's Neck Disability Index (NDI) Score? For example, if the patient's score is 36.5%, enter 36.5. (Optional, write numeric value below)