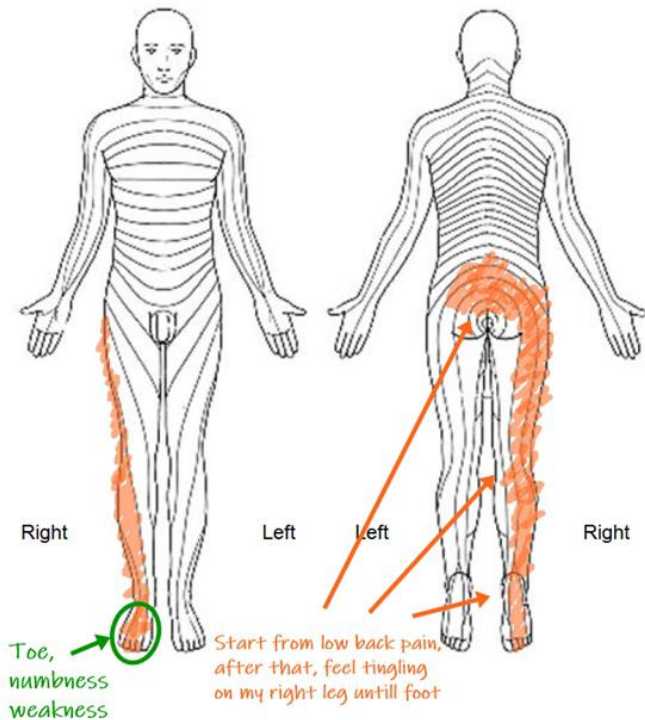


Please fill in this form about symptoms in detail. (1/2)

Name	Lisa Smith	Birth	August 14, 1973	Age	48 years old / Sex	Male · Female
Height	154 cm / Weight	51 kg	Email	abc@defg.hij	Mobile	+123-4567-890

Please mark which area/part you have symptoms.



How long have you had symptoms?	Since 4 years ago
Did you go to hospital/clinic regarding this problem?	No <b>Yes ...</b>
>When did you go to the hospital/clinic?	First time was March 2017, and the last time was July 2019
>What did the doctor diagnose about your problem?	Doctor said I have HNP on my lumbar spine L4-5 and L5-S1
>What kind of treatment or surgery did you have?	Physiotherapy (By myself, swimming 1x a week.)
What is the most painful symptom for you now?	tingling, feel like a pin and needles of my right leg
What kind of behavior/posture is the most painful for you now?	Sitting for a long time (more than a hour) when I bow for picking up something.

>>> Continue to page 2

Please fill in this form about symptoms in detail. (2/2)

Which part do you feel pain?	Neck (right / left / both), Shoulder (right / left / both), Upper back (right / left / both) Arm (right / left / both) (upper / lower / both) (little finger side / thumb side / both) Hand (right / left / both) (little finger side / thumb side / both) Finger (right / left / both) (thumb / index / middle / ring / little) <b>Low back</b> (right / left / both) <b>Buttock</b> (right / left / both) <b>Thigh</b> (right / left / both) (front side / <b>back side</b> / both) (inside / <b>outside</b> / both) Lower leg (right / left / both) (front side / back side / both) (inside / outside / both) Foot (right / left / both) (little finger side / thumb side / both), Ankle (right / left / both) Toe (right / left / both) (big toe / second / third / fourth / little)
Which part do you feel tingling?	Arm (right / left / both) (upper / lower / both) (little finger side / thumb side / both) Hand (right / left / both) (little finger side / thumb side / both) Finger (right / left / both) (thumb / index / middle / ring / little) Thigh (right / left / both) (front side / back side / both) (inside / outside / both) <b>Lower leg</b> (right / left / both) (front side / back side / <b>both</b> ) (inside / <b>outside</b> / both) <b>Foot</b> (right / left / both) (little finger side / thumb side / both), Ankle (right / left / both) <b>Toe</b> (right / left / both) ( <b>big toe / second / third</b> / fourth / little)
Which part do you feel numbness/weakness?	Arm (right / left / both) (upper / lower / both) (little finger side / thumb side / both) Hand (right / left / both) (little finger side / thumb side / both) Finger (right / left / both) (thumb / index / middle / ring / little) Thigh (right / left / both) (front side / back side / both) (inside / outside / both) Lower leg (right / left / both) (front side / back side / both) (inside / outside / both) Foot (right / left / both) (little finger side / thumb side / both), Ankle (right / left / both) <b>Toe</b> (right / left / both) ( <b>big toe / second / third</b> / fourth / little)

\*weakness is only a big toe

How long can you keep walking?	*But if I feel tingling, cannot walk more than 10 minutes Less than 5 minuet / 5-10 minuet / 10-15 minuet / 15-20 minuet / <b>More</b>
Which posture makes you more painful?	<input checked="" type="checkbox"/> Bend your neck <b>upper body</b> forward / <input type="checkbox"/> Bend your neck/upper body backward
If you have any other symptoms, please explain in detail.	I feel stiffness on my back and right leg always. My symptoms start from low back pain, then if it's getting worse, I feel tingling, pin and needles on my right leg and toe. But the big toe, always I cannot put strength anytime.
Please fill your medical history.	Hospitalization : July 2001 (for a pneumonia) Surgeries : None Allergies : None Chronic diseases (High blood pressure, angina, reflux esophagitis, asthma etc.) : High blood pressure, high cholesterol
Are you taking any medicines? (Please fill the name of medicine)	1. Everyday AMLODIPINE 5mg ... 1x day Lipitor 5mg ... 1x day 2. Sometimes Arcoxia (as a painkiller)

Thank you. Please send it to webmaster@yuai-clinic.or.jp or WhatsApp +81 70-3319-92