

Back Pain Action Plan

Please complete questions 1-4, and bring this sheet into the office visit to review with your provider.

1. How long have you had this episode of back pain? _____

2. How is the pain affecting you? Are you having any problems with the following:
walking/dressing/sitting/standing/working?

3. What have you already tried to manage the pain? _____

4. What is most important for you to discuss at today's visit? _____

Below are some topics you may want to discuss during your visit:

Questions:	Answers (fill in during your visit):
Diagnosis: What is causing the pain? Is it something serious? How long will it last?	
Testing: Do I need an imaging test?	
Activity: Is it safe to continue with regular activity? Should I rest my back?	
Medicines: Should I take medicines? What type is best?	
Exercise: What can I do on my own? Should I try treatments such as physical therapy or massage?	
Other: (Please write in questions)	

5. What are your next steps and the follow-up plan?

