Slipped disc visit notes

Describe where symptoms start, where they travel and what changed.

Name _____ **Visit date** _____

01 **When did I first notice the symptoms?**

02 **Where do I feel them and how far do they travel?**

03 **Which activities or positions change the symptoms?**

04 **What changed in walking, sitting, work or sleep?**

05 **What have I already tried and what changed afterwards?**

06 **What question or everyday goal do I want to discuss?**

Your notes are for you to keep and bring to a clinical conversation.
Seek urgent help if you have warning signs.