

WE KINDLY ASK TO THE PATIENT TO ANSWER TO THE FOLLOWING QUESTIONS:

A) GENERAL QUESTIONS

- NAME
- LAST NAME
- DATE OF BIRTH
- CITY ADDRESS
- HOME TELEPHONE NUMBER
- MOBILE NUMBER
- JOB
- EMPLOYER
- SPORTS

B) CLINICAL QUESTIONS:

- BRIEF CLINICAL HISTORY
- MAIN SYMPTOMS
- DATE OF ONSET
- PREVIOUS SIMILAR EPISODES
- PHARMCOLOGICAL THERAPIES
- PHYSICAL THERAPIES
- RESULTS OF ABOVE THERAPIES
- OTHER PATHOLOGIES
- PREVIOUS SURGERY/IES
- PREVIOUS SPINE SURGERY/IES
- PHARMACOLOGICAL THERAPIES FOR OTHER PATHOLOGIES
- **ALLERGY TO MEDICINES (PARTICULARLY ANTIBIOTICS)**

- YOUR SYMPTOMS WORSE WHEN (LET UNDERLINE ONE OR MORE):

- YOU WALK
- YOU STAY SEATED
- YOU STAY STAND UP BUT NOT WALKING
- YOU STAND UP FROM THE BED
- YOU STAY AT BED
- YOU DRIVE

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- ONLY BACK PAIN (RIGHT SIDE/ LEFT SIDE/ BILATERAL)
 - ONLY LEG PAIN (RIGHT/ LEFT)
 - BACK AND LEG PAIN (RIGHT/LEFT)
 - BACK AND LEGS PAIN
 - NUMBNESS (IF YES, WHAT ZONE)
 - CRAMPS (IF YES WHAT ZONE)
 - DO YOU HAVE MRI STUDY?
 - MRI DATE
 - DO YOU HAVE CT SCAN STUDY?
 - CT SCAN DATE
 - DO YOU HAVE EMG (ELECTROMIOGRAPHY)?
 - EMG DATE
 - DO YOU HAVE A NEUROLOGICAL CONSULTATION?
 - DATE OF THE NEUROLOGICAL CONSULTATION
 - DO YOU HAVE PREVIOUS NEUROSURGICAL /SPINE SURGEON OR ORTHOPAEDIC CONSULTATION/S?

- DO YOU KNOW PLDD (PERCUTANEOUS LASER DISC DECOMPRESSION)?
- WHO OR WHERE YOU HAVE HAD INFORMATIONS ABOUT IT?
- DO YOU KNOW OPEN MICRODISCECTOMY?
- DO YOU KNOW ENDOSCOPIC HERNIECTOMY?

AFTER THE DR. GIAN PAOLO TASSI CONSULTATION , YOU WILL HAVE A WRITTEN DETAILED DESCRIPTION OF THE PLDD PROCEDURE, RESULTS, COMPLICATIONS , DAILY RECOVERY, JOB RECOVERY, RULES TO BE FOLLOWED.

YOU WILL ALSO HAVE A DETAILED INFORMED CONSENT THAT, IF YOUR CASE WILL FIT THE PLDD PROCEDURE, YOU WILL MUST TO READ CAREFULLY BEFORE TO UNDERWENT TO THE PLDD.

AT THE END OF THIS INFORMED CONSENT YOU WILL WRITE TO HAVE UNDERSTAND ALL ITEMS ABOUT PLDD AND YOU WILL PUT YOUR SIGNATURE AND DATE BEFORE TO UNDERWENT TO THE PLDD.

THANK YOU FOR YOUR KINDLY CO-OPERATION.

DATE.....

SIGNATURE