

Decompression Exclusion Questionnaire

Is there any possibility you may be pregnant?	Yes / No
Have you had spinal surgery in the last 6 months?	Yes / No
Have you had cancer that has spread to the bones or spine?	Yes / No
Do you have severe osteoporosis (less than 45% bone loss)?	Yes / No
Do you have spondylolisthesis grade 3 or 4?	Yes / No
Have you had a L1-L5 compression fracture?	Yes / No
Have you ever had an aortic aneurysm?	Yes / No
Have you had pelvic or abdominal cancer?	Yes / No
Have you ever had a disc space infection?	Yes / No
Do you have an artificial disc?	Yes / No
Do you have a morphine pump?	Yes / No
Have you had a inguinal or umbilical hernia in the last 6 months?	Yes / No
Do you have a peripheralization of pain upon axial elongation?	Yes / No
Does treatment cause difficulty breathing?	Yes / No



Print Patient Name

Patient Signature

Date