Red Flag Questionnaire

Name:			Date:	Age:
Please check the appropriate response. If "yes", please explain. If you are not sure, check the "?" box.				
No	Yes	?	Do you have a past history of cancer? Have you had any unexplained weight loss? Does your pain improve with rest? Are you over 50 years old? Failure to respond to a course of conservative care (4-6 weeks)/ Have you had spinal pain greater than 4 weeks?	' ?
No	Yes	? 	Prolonged use of corticosteroids (such as organ transplant Rx)? Intravenous drug use? Current or recent urinary tract, respiratory tract, or other infecti Immunosuppression medication &/or condition?	on?
No	Yes	?	History of significant trauma? Minor trauma in person >50 years old? Do you have osteoporosisn (weak bones)? Are you over 70 years old? Any history of prolonged use of corticosteroids?	
No	Yes	? 	Acute onset urinary retention or overflow incontinence (wet unc Loss of anal sphincter tone of fecal incontinence (bowel accident Saddle anesthesia (numbness in the groin region)? Global or progressive muscle weakness in the legs (legs give out	ts)?
Com	ments	:		

TO BE COMPLETED BY THE DOCTOR Red Flags: AHCPR, (Bigos, 1994) Check-off List **CANCER** History of cancer Unexplained weight loss Pain not improved with rest Failure to respond to a course of conservative care (4weeks) LBP > 4 weeks **INFECTION** Prolonged use of corticosteroids (such as organ transplant Rx) Intravenous drug use Urinary tract, respiratory tract or other infection Immunosuppression medication &/or condition SPINAL FRACTURE History of significant trauma Minor trauma in person > 50 years old or osteoporotic

Age > 70 years old

Saddle anesthesia

CAUDA EQUINA

Prolonged use of corticosteroids

Acute onset urinary retention or overflow incontinence

Global or progressive motor weakness in lower limbs

Loss of anal sphincter tone or fecal incontinence