


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