

Advanced Interventional Pain & Sports Medicine Center

1. Name _____ Date _____
2. Referred by _____ Family Physician _____
Physician's Address _____ Physician's Address _____
3. Chief complaint _____
4. Present Pain Level 0 1 2 3 4 5 6 7 8 9 10 What is your worst pain level _____ Best pain level _____
5. How often is your pain present Occasional Frequent Constant 24 hours, 7 days ___/week ___/month
6. Is the pain Aching Burning Stabbing Pressure Throbbing Deep Cramping Other _____
Height _____ Weight _____
7. Please circle **only one** choice given below:

• I have only back pain	• I have only neck pain
• I have only leg pain	• I have only arm pain
• Back pain is more than leg pain	• Neck pain is more than arm pain
• Leg pain is more than back pain	• Arm pain is more than neck pain
• Back pain is equal to leg pain	• Arm pain is equal to neck pain

Do you have any?	
Tingling Yes No	Where _____
Numbness Yes No	Where _____
Weakness Yes No	Where _____

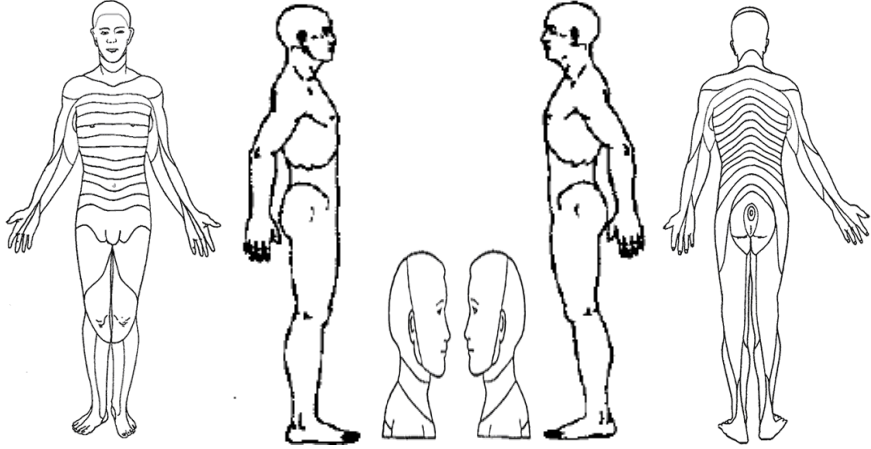
8. What worsens your pain:
Sitting standing walking bending driving lying on back
Lying on stomach lying on the side sitting-to-standing coughing
9. What decreases your pain:
Sitting standing walking bending lying on back
Lying on stomach lying on the side Heat Ice medication
10. Current Medications (list all medications): _____

Previous medical treatment	
When was the last time you had PT? _____	
When was the last EMG (nerve test) done? _____	
When was the last MRI done? _____	
When were the last X-rays done? _____	
When were the last spinal injections done? _____	
Chiropractic treatment _____	
What medications have you taken for this pain? _____	

11. Are you taking any blood thinners?: Aspirin Plavix Coumadin Ticlid Plavix Trental Persantin Aggrenox Orgaran Lovenox
12. Medical Problems: Diabetes Hypertension Stroke Thyroid Heart Kidney Seizures Bleeding Liver Circulation HIV Reflux
Pacemaker Defibrillator Asthma Hepatitis Murmur High cholesterol Ulcer COPD Osteoporosis Tumor Depression _____
13. Previous Surgeries / Hospitalizations: Tonsillectomy Hysterectomy Gall Bladder Foot Knee or Hip replacement Fracture Heart Spine
Appendectomy _____

14. Please circle if you have any of the following medical problems

- General:** weight change, fevers fatigue
Eyes: glasses or contacts
E.N.T.: hearing aid, dental, trouble swallowing
Cardiovascular: chest pain, blood clots, swelling
Respiratory: wheezing, shortness of breath
Gastrointestinal: ulcers, heartburn, bleeding
Genitourinary: infections, night time urination
Musculoskeletal: arthritis, gout, osteoporosis
Integument: breast lumps, mass, rash
Neurologic: fainting, seizures, stroke,
Psychological: depression, anxious
Endocrine: spontaneous temp. changes
Hem/lymp: anemia, bleeding problems
Immunology: HIV, Lupus



Indicate the location of your pain with the following signs

Aching ^^^^ Stabbing //// Burning xx Numbness oo Tingling >>
 Pressure ##### Other **

15. Allergies: _____ Site _____
 Reaction _____ Severity _____
 Latex: Allergic Not allergic
 Sea food: Allergic Not allergic
 Dye: Allergic Not allergic

16. Personal/ Social History:

Marital Status: Single Married	Divorced	Separated	Widowed
Work Status: Full time Part time	Where _____	Position _____	
Unemployed Retired Student	Homemaker	Disability	Work related
Alcohol: None/Yes/Quit Type _____ Amount: _____ for _____ yrs			
Drugs: None/Yes/Quit Type _____ Amount: _____ for _____ yrs			
Smoking: None/Yes/Quit Packs/day _____ for _____ yrs			

Functional History: ADL: I D I with AD
Amb: I D I with AD

17. Family history

<u>Age</u>	<u>Disease</u>								
Father _____	Healthy	Diabetes	Hypertension	Stroke	Thyroid	Heart	Kidney	Liver	Cancer _____
Mother _____	Healthy	Diabetes	Hypertension	Stroke	Thyroid	Heart	Kidney	Liver	Cancer _____

18. Complete this only if you were involved in an auto accident

Were you wearing a seat belt? Yes / No Were you the driver? Yes / No Were you the passenger? Yes / No
 Did you lose consciousness? Yes / No How much damage was done to your vehicle? \$ _____
 How long after the accident did the pain begin? _____ How long after the accident did you seek medical attention? _____