

PAIN & HEALTH MANAGEMENT CENTER, P.A.

We welcome you to our practice. Please complete the following questionnaire before being seen by the doctor.

NAME: _____ SOCIAL SECURITY #: _____

AGE: _____ HEIGHT: _____ WEIGHT: _____

REFERRED BY: _____

What medications cause side effects or allergic reactions?

MEDICATION	SIDE EFFECT

BACKGROUND INFORMATION

	YES	NO
Is your pain the result of an accident or injury? If yes, did this occur at work?	<input type="checkbox"/>	<input type="checkbox"/>

Date of accident or injury: _____

Is there a lawsuit pending?	<input type="checkbox"/>	<input type="checkbox"/>
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What is the name of your attorney: _____

Please describe as precisely as possible what occurred:

If there was not an accident or injury, when did the pain develop? _____

PREVIOUS DOCTORS

Please list every doctor you have seen for this medical condition.

1) Doctor's name and city: _____
 Specialty(Example:Orthopedics): _____

List the results of X-rays, CT, MRI, EMG or other studies that this doctor performed or ordered

- a. _____
- b. _____
- c. _____
- d. _____

What medication, surgery or treatment did this doctor perform?

	RELIEF?		DATE
	YES	NO	
a. _____			_____
b. _____			_____
c. _____			_____
d. _____			_____

2) Doctor's name and city: _____
 Specialty(Example:Orthopedics): _____

List the results of X-rays, CT, MRI, EMG or other studies that this doctor performed or ordered.

- a. _____
- b. _____
- c. _____
- d. _____

What medication, surgery or treatment did this doctor perform?

	RELIEF?		DATE
	YES	NO	
a. _____			_____
b. _____			_____
c. _____			_____
d. _____			_____

3) Doctor's name and city: _____

Specialty(Example:Orthopedics): _____

List the results of X-rays, CT, MRI, EMG or other studies that this doctor performed or ordered

a. _____

b. _____

c. _____

d. _____

What medication, surgery or treatment did this doctor perform?

	RELIEF?		DATE
	YES	NO	
a. _____			_____
b. _____			_____
c. _____			_____
d. _____			_____

4) Doctor's name and city: _____

Specialty(Example:Orthopedics): _____

List the results of X-rays, CT, MRI, EMG or other studies that this doctor performed or ordered.

a. _____

b. _____

c. _____

d. _____

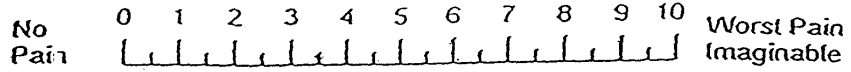
What medication, surgery or treatment did this doctor perform?

	RELIEF?		DATE
	YES	NO	
a. _____			_____
b. _____			_____
c. _____			_____
d. _____			_____

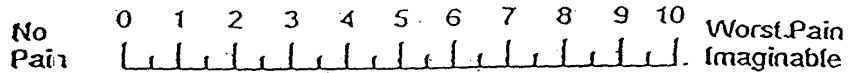
PAIN EXPERIENCE RATING

Please mark the pain scale.

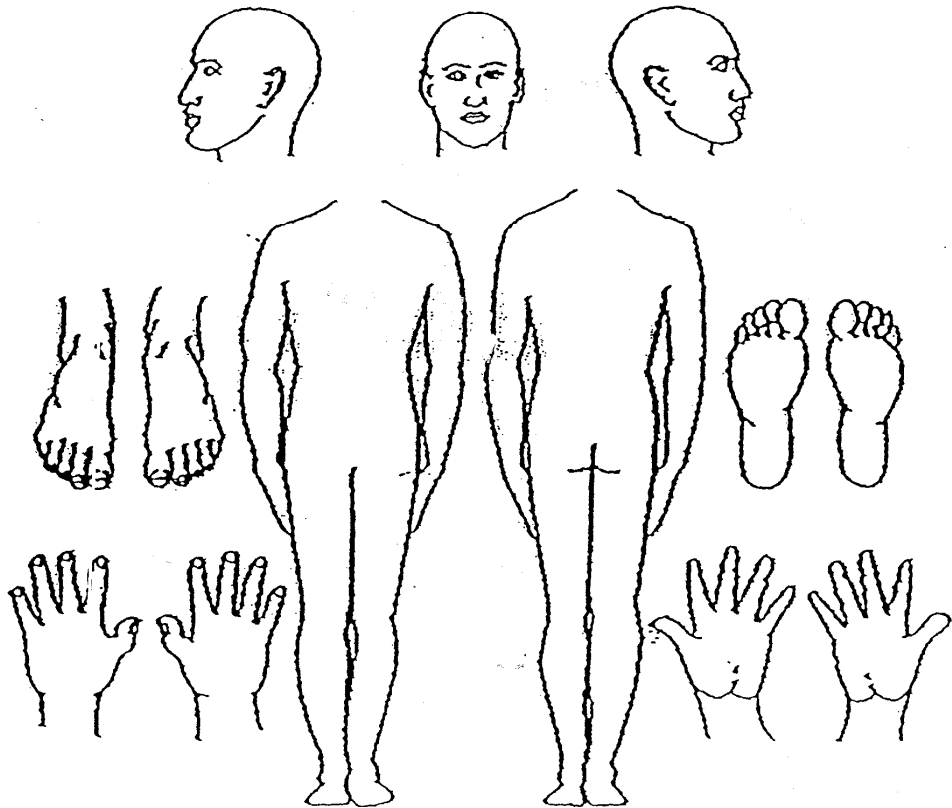
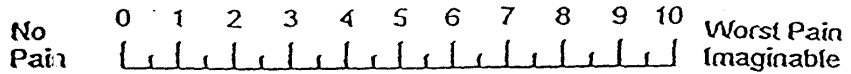
At its worst:



At its best:



Most of the time:



PAIN INDICATORS/RELIEVERS

What makes the pain worse? _____

What makes the pain better? _____

OTHER MEDICAL CONCERNS

List medications you currently take noting dose and frequency.

MEDICATION	DOSE	FREQUENCY

What other medical problems do you have? _____

What surgeries have you had?

OPERATION	DATE	SURGEON

LIFESTYLE ACTIVITIES

	YES	NO	
Are you currently working?	<input type="checkbox"/>	<input type="checkbox"/>	
If not, is this due to your medical condition?	<input type="checkbox"/>	<input type="checkbox"/>	

Please describe your employment. Be specific about physical requirements.

Has your pain affected your relationship with family or friends? _____

Please rate your stress level:

	0	1	2	3	4	5	6	7	8	9	10
Low											High

Are you interested in speaking with a counselor for stress reduction, biofeedback or relaxation?

Have you seen a psychologist or psychiatrist in the past?

NAME	DATE

What do you do to cope with the pain? _____

How has the pain caused you to change your lifestyle? _____

What kind of emotional support system do you have? _____

PERSONAL HABITS

Do you drink alcohol to take away the pain?	<table border="1"><tr><td>YES</td><td>NO</td></tr></table>	YES	NO
YES	NO		
How often do you partake? _____			
How much? _____			
Do you smoke cigarettes?	<table border="1"><tr><td></td><td></td></tr></table>		
If yes, how much and how often? _____			

FAMILY HISTORY

Does anyone else in you family suffer from chronic pain? Please describe: _____

GOALS

What is your goal for consulting the physicians at the Pain & health Management Center?

We thank you for sharing your thoughts with us.