

Name \_\_\_\_\_

DOB: \_\_\_\_\_

Today's Date: \_\_\_\_\_

### NEW PATIENT QUESTIONNAIRE

Where is your pain **PRIMARYLY** located?  Low Back  Neck  Mid-back  Whole Body  Other: \_\_\_\_\_

Does your pain radiate?  No  Yes it radiates to \_\_\_\_\_ (i.e. right leg, left arm, etc.)

How long ago did the pain start?  More than 3 month ago  Less than 3 months ago

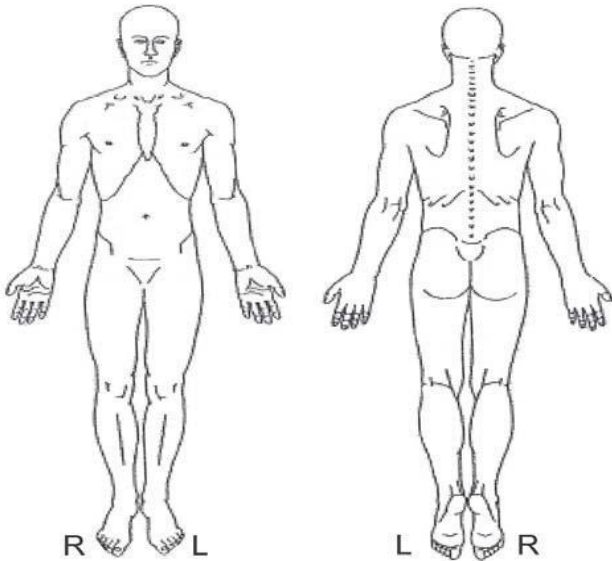
How did your pain develop?  Gradually  Suddenly

Did your pain develop following a trauma or work-related injury?  No  Yes (circle that apply)

Where is your pain? (Please shade **PRIMARY** area with arrows for **RADIATION**)

Do any additional symptoms occur with your **PRIMARY** pain? (Select all that apply)

Numbness  Tingling  Weakness  Urinary Retention  Saddle Anesthesia



What is your **CURRENT** pain level?

(0—1—2—3—4—5—6—7—8—9—10)

(0= no pain, 10=pain so severe you can't even speak)

Have you ever been evaluated by a specialist for **THIS COMPLAINT?**

NO  YES (please select all that apply and indicate the specific physician)

Neurology : \_\_\_\_\_

Neurosurgery: \_\_\_\_\_

Orthopedics: \_\_\_\_\_

Podiatry: \_\_\_\_\_

Rheumatology: \_\_\_\_\_

What do your symptoms feel like? (Select all that apply)

Burning  Aching  Throbbing

Cramping  Stabbing  Shooting  Stinging

What maneuvers can make your symptoms BETTER? (Select all that apply)

Sitting  Lying Flat  Standing  Leaning Forward

General Rest  Other: \_\_\_\_\_

Have you ever been evaluated by a Pain Management Specialist for **ANY COMPLAINT?** (Please indicate which specific physicians you have seen)

NO  YES: \_\_\_\_\_

What maneuvers can make your symptoms WORSE? (Select all that apply)

Standing  Walking  Sitting  General Activity

Other: \_\_\_\_\_

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**Previous Treatments**

**INTERVENTIONAL TREATMENTS**

	Helpful	Not Helpful
Epidural Steroid	___	___
Radiofrequency Ablation	___	___
Spinal Cord Stimulation	___	___
Trigger Point Injections	___	___
Joint Injections	___	___
Other: _____	___	___

**FUNCTIONAL TREATMENTS**

	Helpful	Not Helpful
Home Exercise Program	___	___
Chiropractics	___	___
Myofascial Release	___	___
Physical Therapy	___	___
Other: _____	___	___

**PSYCHOLOGICAL THERAPIES**

	Helpful	Not Helpful
Cognitive Behavioral Therapy	___	___
Acupuncture	___	___
Tai Chi	___	___
Other: _____	___	___

**OTHER THERAPIES**

	Helpful	Not Helpful
TENS Therapy	___	___
Heat/Ice Therapy	___	___
Other: _____	___	___

**ANTI-INFLAMMATORY THERAPY**

	Helpful	Not Helpful
Oral Steroids ( <i>Prednisone</i> )	___	___
Ibuprofen ( <i>Advil</i> )	___	___
Naproxen ( <i>Aleve</i> )	___	___
Celecoxib ( <i>Celebrex</i> )	___	___
Meloxicam ( <i>Mobic</i> )	___	___
Other: _____	___	___

**NEUROPATHIC MEDICATIONS**

	Helpful	Not Helpful
Amitriptyline ( <i>Elavil</i> )	___	___
Gabapentin ( <i>Neurontin</i> )	___	___
Pregabalin ( <i>Lyrica</i> )	___	___
Topiramate ( <i>Topamax</i> )	___	___
Duloxetine ( <i>Cymbalta</i> )	___	___
Nortriptyline ( <i>Pamelor</i> )	___	___
Other: _____	___	___

**SKELETAL MUSCLE RELAXANTS**

	Helpful	Not Helpful
Baclofen	___	___
Cyclobenzaprine ( <i>Flexeril</i> )	___	___
Tizanidine ( <i>Zanaflex</i> )	___	___
Methocarbamol ( <i>Robaxin</i> )	___	___
Other: _____	___	___

**IMMEDIATE RELEASE OPIATES**

	Helpful	Not Helpful
Tramadol ( <i>Ultram</i> )	___	___
Hydrocodone ( <i>Norco</i> )	___	___
Morphine ( <i>MSIR</i> )	___	___
Oxycodone ( <i>Percocet</i> )	___	___
Oxymorphone	___	___
Dilaudid	___	___
Tapentadol ( <i>Nucynta</i> )	___	___
Other: _____	___	___

**EXTENDED RELEASE OPIATES**

	Helpful	Not Helpful
Morphine ER ( <i>MSER</i> )	___	___
Oxycodone ER ( <i>Oxycontin</i> )	___	___
Oxymorphone ER	___	___
Fentanyl Patch ( <i>Duragesic</i> )	___	___
Methadone	___	___
Other: _____	___	___

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MEDICAL HISTORY

PAST MEDICAL HISTORY (Select all that apply)

- Glaucoma
- Migraines
- Seizures
- Neuropathy
- GERD
- Peptic Ulcer Disease
- Ulcerative Colitis
- Chrohn's Disease
- Coronary Artery Disease
- Atrial Fibrillation
- Myocardial Infarction (Heart Attack)
- Congestive Heart Failure
- Hypertension
- Diabetes
- Kidney Failure
- Kidney Stones
- Peripheral Vascular Disease
- Von Willebrand's Disease
- Factor V Lieden
- Pulmonary Embolism
- DVT
- Thrombocytopenia (Low Platelets)
- Cancer
- Liver Disease
- Obstructive Sleep Apnea
- COPD
- Bipolar Disorder
- Schizophrenia
- Obsessive Compulsive Disorder
- Depression
- Anxiety
- Alcoholism
- Opiate Dependency
- Rheumatoid Arthritis
- Systemic Lupus Erythematosis
- Fibromyalgia

Other: \_\_\_\_\_

MEDICATIONS (Please list dosage and frequency)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DRUG ALLERGIES (List medication and reaction)

\_\_\_\_\_

\_\_\_\_\_

SURGICAL HISTORY (List procedure and year)

\_\_\_\_\_

\_\_\_\_\_

FAMILY HISTORY (Select all that apply)

- Cancer       Bleeding Disorder
- Rheumatological Disease

Other: \_\_\_\_\_

SOCIAL HISTORY

- Are you a smoker?       NO       YES
- Do you use IV drugs?       NO       YES
- Does someone live with you?       NO       YES

REVIEW OF SYSTEMS (Select all that apply)

- Constitutional:*  chills  fever  weight loss
- Skin:*  rash  ulcers
- HEENT:*  blurred vision  ringing in ears  vertigo
- Resp:*  cough  wheezing  shortness of breath
- CV:*  chest pain  palpitations  edema
- GI:*  constipation  diarrhea  heartburn
- Neuro:*  fainting  seizures
- Psychiatric:*  tired  fogginess  personality changes
- Endocrine:*  sweating  hot flash  sexual dysfunction
- Hematology:*  easy bruising  easy bleeding  nose bleeds