



excellence in brain, spine and pain care neurosciencegroup

Name: _____

Gender: Male Female

Date of Birth: _____

Age: _____

Consulting Physician: _____

Primary Care Physician: _____

Reason for the visit-BRIEFLY describe: _____

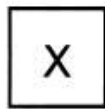
PAIN DIAGRAM

Instructions:

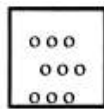
On the body diagram below, please indicate where your pain is located **AT THE PRESENT TIME**.
Place an Z on the spot that hurts the **MOST**.



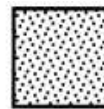
Aching Pain



Stabbing Pain



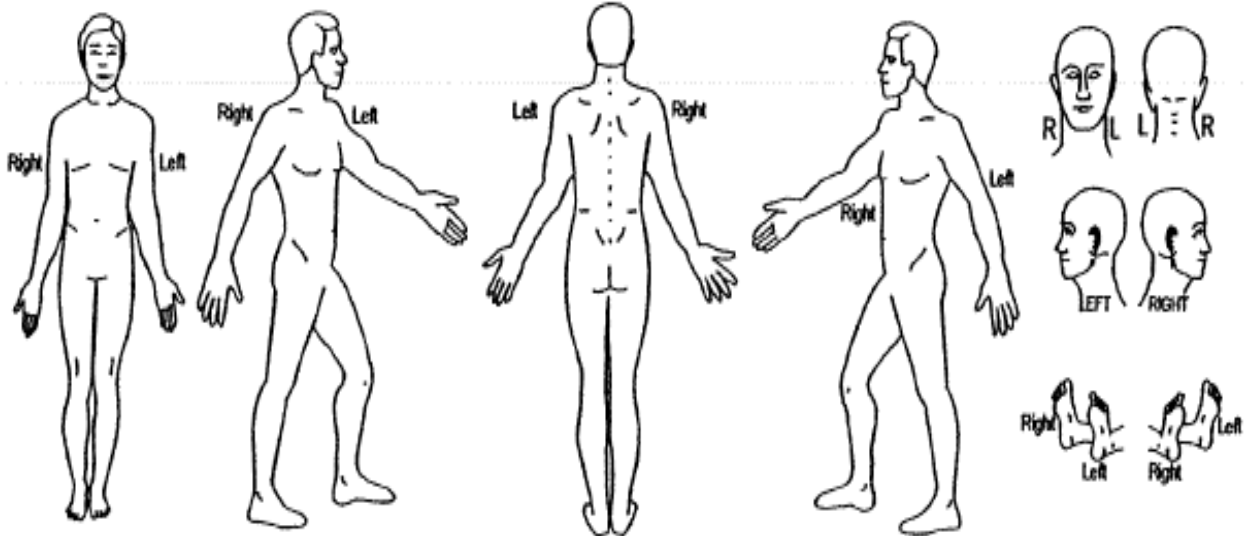
Burning Pain



Pins & Needles



Complete Numbness



Used with permission from: McCaffery, M, Pasero, C: Pain: Clinical Manual, p.60.

Rate your pain 0-10

(0=no pain 10=worst pain imaginable)

Now: _____

At its BEST: _____

At its WORST: _____

Daily Activities:

Are your daily activities affected?

How? _____

Is your sleep affected?

How? _____



PAIN HISTORY

When did the pain start? _____

Cause of Pain:

- Motor vehicle accident If yes, what date? _____
- Work related injury If yes, what date? _____
- Fall episode: If yes, what date? _____
- After surgery? If yes, type of surgery: _____ Date: _____
- No specific trauma
- Other: _____

Progression:

- Worse
- Getting better
- Same

Associated Symptoms:

- Fever
- Fatigue
- Nausea
- Weight loss
- Vomiting
- Blurred vision
- Numbness
- Tingling
- Weakness
Where? _____
- Bowel or bladder incontinence
How long? _____

Description of the pain:

- Burning
- Sharp
- Shooting
- Cramping
- Achy
- Throbbing
- Stabbing
- Pins and needles
- Complete numbness

Pain During the Day:

- Constant: Yes No
- Intermittent (not constant) Yes No
- Worst in the:
 - Morning
 - Noon
 - Evening
 - Night

Pain exacerbated by:

- Sitting
- Standing
- Walking
- Bending
- Bowel movements
- Overhead activities
- Stress
- Lying down
- Leaning backwards
- Leaning forwards
- Coughing
- Exercise

Pain Improves by:

- Sitting
- Standing
- Walking
- Bending
- Lying down
- Leaning backwards
- Leaning forwards

Allergies:

Any allergies specifically to:

- Iodine
- Shellfish
- Contrast dye
- Latex
- Other: _____

Blood Thinners: Are you currently taking:

- Coumadin (Warfarin)
- Aspirin
- Lovenox (Enoxaprin)
- Aggrenox (Aspirin/Dipyridamole)
- Arixtra (Fondaparinux)
- Plavix (Clopidogrel)
- Excedrin
- Ticlid (Ticlopidine)



excellence in brain, spine and pain care
neurosciencegroup

Medications: Please list ALL current medications/dosages:

<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____

Your Personal Medical History:

Please check all that apply:

- | | | |
|---|---|---|
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Stomach ulcer | <input type="checkbox"/> Memory disorders |
| <input type="checkbox"/> Heart attack | <input type="checkbox"/> GERD | <input type="checkbox"/> Osteoporosis |
| <input type="checkbox"/> Seizure | <input type="checkbox"/> GI bleed | <input type="checkbox"/> Gout |
| <input type="checkbox"/> Stroke | <input type="checkbox"/> Arthritis | <input type="checkbox"/> Severe head injury |
| <input type="checkbox"/> Liver disease | <input type="checkbox"/> Fibromyalgia | <input type="checkbox"/> Poor circulation |
| <input type="checkbox"/> Bowel disease | <input type="checkbox"/> Ulcerative colitis/IBS/Chron's | <input type="checkbox"/> Aneurysm |
| <input type="checkbox"/> HIV | <input type="checkbox"/> Peripheral neuropathy | <input type="checkbox"/> Blood clots |
| <input type="checkbox"/> Dialysis | <input type="checkbox"/> Low blood sugar | <input type="checkbox"/> Easy bleeding |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Kidney disease | <input type="checkbox"/> Polymyalgia Rheumatica |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Lupus |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Thyroid disease | <input type="checkbox"/> Eating disorder |
| <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Pacemaker | <input type="checkbox"/> OCD |
| <input type="checkbox"/> Lung disease | <input type="checkbox"/> Substance abuse | <input type="checkbox"/> Bipolar disorder |
| <input type="checkbox"/> Irregular heart rate | <input type="checkbox"/> Restless leg syndrome | <input type="checkbox"/> Cancer:
Type: _____ |
| <input type="checkbox"/> Migraines | <input type="checkbox"/> Parkinson's disease | |
| <input type="checkbox"/> Glaucoma | | |

Your Personal Surgical History:

Please check all that apply:

- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> Tonsillectomy | <input type="checkbox"/> Brain surgery | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Hysterectomy | <input type="checkbox"/> Carotid surgery | _____ |
| <input type="checkbox"/> Bypass in the legs | <input type="checkbox"/> Abdominal aneurysm | _____ |
| <input type="checkbox"/> Bowel surgery | <input type="checkbox"/> Back surgery | _____ |
| <input type="checkbox"/> Appendectomy | Date: _____ | _____ |
| <input type="checkbox"/> Gastric bypass | <input type="checkbox"/> Neck surgery | _____ |
| <input type="checkbox"/> Gallbladder | Date: _____ | _____ |
| <input type="checkbox"/> Heart surgery | | _____ |



excellence in brain, spine and pain care
neurosciencegroup

Social History:

- Marital status: Single Married Separated Divorced Widowed
- Education: High School GED College Masters Doctorate
- Do you live alone? Yes No
- Do you exercise? Yes No If yes, how many minutes/week? _____
- Do you smoke? Yes No If yes, how much per week? _____
- Do you drink alcohol? Yes No If yes, how much per week? _____
- Do you do any illegal drugs? Yes No If yes, please explain: _____
- Are you employed? Yes No If yes, occupation: _____
- If unemployed, how long? _____
- Are you on disability? Yes No If no, are you planning to apply? Yes No

Family History

Please check all that apply:

- High blood pressure
- Heart attack
- Seizure
- Stroke
- Liver disease
- Bowel disease
- HIV
- Dialysis
- Asthma
- Depression
- Anxiety
- Hepatitis
- Lung disease
- Irregular heart rate
- Migraines
- Glaucoma
- Stomach ulcer
- GERD/reflux
- Gastric bleeding
- Arthritis
- Fibromyalgia
- Cancer
- Peripheral neuropathy
- Low blood sugar
- Kidney disease
- Diabetes
- Thyroid disease
- Pacemaker
- Substance abuse
- Restless leg syndrome
- Parkinson's disease
- Osteoporosis
- Gout
- Severe head injury
- Poor circulation
- Aneurysm
- Blood clots
- Easy bleeding

Review of Symptoms:

Please check all that apply

Constitutional:

- Fever
- Chills
- Night sweats
- Fatigue
- Weight loss
- Weight gain

Respiratory:

- Shortness of breath
- Chronic cough
- Wheezing
- Oxygen Day Night
- Continuous

Head/Face:

- Headache/migraines
- Facial pain
- TMJ Right Left

Ear, Nose, Throat:

- Hearing loss Right Left
- Frequent sore throat
- Snoring
- Dizziness
- Hoarseness
- Ringing in ears
- Discharge from nose
- Repeated sinus infections

Vision:

- Vision loss Right Left
- Double vision
- Glasses/contacts
- Blurred vision
- Far sighted
- Near sighted

Cardiovascular:

- Chest pain
- Palpatations
- Poor circulation
- Irregular heart beat
- Swelling in legs/feet
- Cold hands/feet
- Narrowing of carotid arteries (neck)



excellence in brain, spine and pain care
neurosciencegroup

Psychiatric:

- Frequent sadness/unhappiness
- Unusually high energy/excitability
- Anger
- Panic
- Excessive worry
- Concentration problems
- Feeling anxious
- Ongoing relationship problems

Endocrine:

- Weight gain
- Always cold
- Always hot
- Excessive thirst
- Excessive urination

Neurological:

- Headache
- Difficulty walking
- Falls
- Fainting
- Poor memory

- Poor concentration
- Difficulty finding words when thinking
- Change in your thinking
- Numbness or tingling in face / arms / legs
- Seizures
- Fainting
- Tremors

Musculoskeletal:

- Muscle pain
- Joint pain
- Bone pain
- Muscle loss
- Weakness
- Stiffness
- Cramps

Skin:

- Dry skin
- Recurrent rashes
- Eczema
- Itching
- Changes in skin color
- Changes in hair or nails

Gastrointestinal (Genitourinary):

- Difficulty chewing or swallowing
- Constipation
- Nausea/vomiting
- Weight loss
- Abdominal pain
- Poor appetite
- Blood in stool
- Abdominal cramps
- Incontinence of stool
- Diarrhea
- Dark or tarry stool
- Yellow skin
- Urinary frequency
- Pain during sex
- Incontinence of urine
- Blood in urine
- Pain when urinating
- Kidney stones
- Urination difficulty
- Change in stools

Past Medications Used to Treat Current Pain Condition

Please check all that apply

NSAIDS

- Celebrex (Celecoxib)
- Trilsate (Choline Magnesium Salicylate)
- Voltaren (Diclofenac)
- Dolobid (Difunisal)
- Lodine (Etodolac)
- ANSAID (Flurbiprofen)
- Motrin (Ibuprofen)
- Indocin (Indomethacin)
- Orudis (Ketoprofen)
- Toradol (Ketorolac)
- Mobic (Meloxicam)
- Relafen (Nabumetone)
- Naprosyn (Naproxen)
- Daypro (Oxaprozin)
- Feldene (Piroxicam)
- Tolectin (Tolmetin)

Analgesics:

- Tylenol (Acetaminophen)
- Duragesic Patch (Fentanyl)
- Vicodin (Hydrocodone)
- Dilaudid (Hydromorphone)
- Demerol (Meperidine)
- Dolophine (Methadone)
- MS Contin / Kadian / Avinza (Morphine)
- Oxycontin / Percocet / Tylox (Oxycodone)
- Darvocet (Propoxyphene)
- Ultram #4 (Tramadol) Tylenol with Codeine #2, #3

Muscle Relaxers:

- Lioresal (Baclofen)
- Soma (Carisoprodol)
- Flexeril (Cyclobenzaprine)
- Skelaxin (Metaxalone)
- Robaxin (Methacarbamol)
- Zanaflex (Tizanidine)

Antidepressants:

- Elavil (Amitriptyline)
- Wellbutrin (Bupropion)
- Celexa (Citalopram)
- Cymbalta (Duloxetine)
- Lexapro (Escitalopram)
- Prozac (Fluoxetine)
- Pamelor (Nortriptyline)
- Paxil (Paroxetine)
- Zoloft (Sertraline)
- Effexor (Venlafaxine)
- Seroquel (Quetiapine Fumarate)
- Savella (Milnacipram)



excellence in brain, spine and pain care
neurosciencegroup

Anticonvulsants:

- Topamax (Topiramate)
- Neurontin (Gabapentin)
- Keppra (Levetiracetam)
- Lyrica (Pregablin)
- Gabitril (Tiagabine)

AXIOLYTICS/SEDATIVES:

- Xanax (Alprazolam)
- Buspar (Buspirone)
- Valium (Diazepam)
- Lunesta (Eszopiclone)
- Dalmane (Flurazepam)
- Haldol (Haloperidol)
- Atarax (Hydroxyzine)
- Ativan (Hydroxyzine)

- Rozerem (Ramelteon)
- Restoril (Temazepam)
- Halcion (Triazolam)
- Sonata (Zaleplon)
- Ambien (Zolpidem)

Steroids

- Prednisone
- Medrol

Images: Please list all prior testing

XRay of: _____	When: _____	Where: _____
MRI of: _____	When: _____	Where: _____
CAT scan of: _____	When: _____	Where: _____
Myelogram of: _____	When: _____	Where: _____
Bone scan: _____	When: _____	Where: _____
EMG of: _____	When: _____	Where: _____
Angiogram: _____	When: _____	Where: _____
EEG: _____	When: _____	Where: _____
Other: _____	When: _____	Where: _____

Previous Treatments: Check all that apply, if it was helpful or not, and how long it helped.

Treatment	Done?		Helpful?		How Long?
	Yes	No	Yes	No	
Acupuncture					
Biofeedback					
Chiropractic					
Traction					
Exercise					
Physical Therapy					
TENS Unit					
Hypnosis					
Psychotherapy					
Ultrasound					
Epidural Steroid Injection					
Nerve Root Block					
Trigger Point Injection					
Occipital Nerve Block					
Ice					
Heat					
Sphenopalantine Block					