excellence in brain, spine and pain care

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Name: _____ Gender: Male Female

Date of Birth: _____ Age: _____

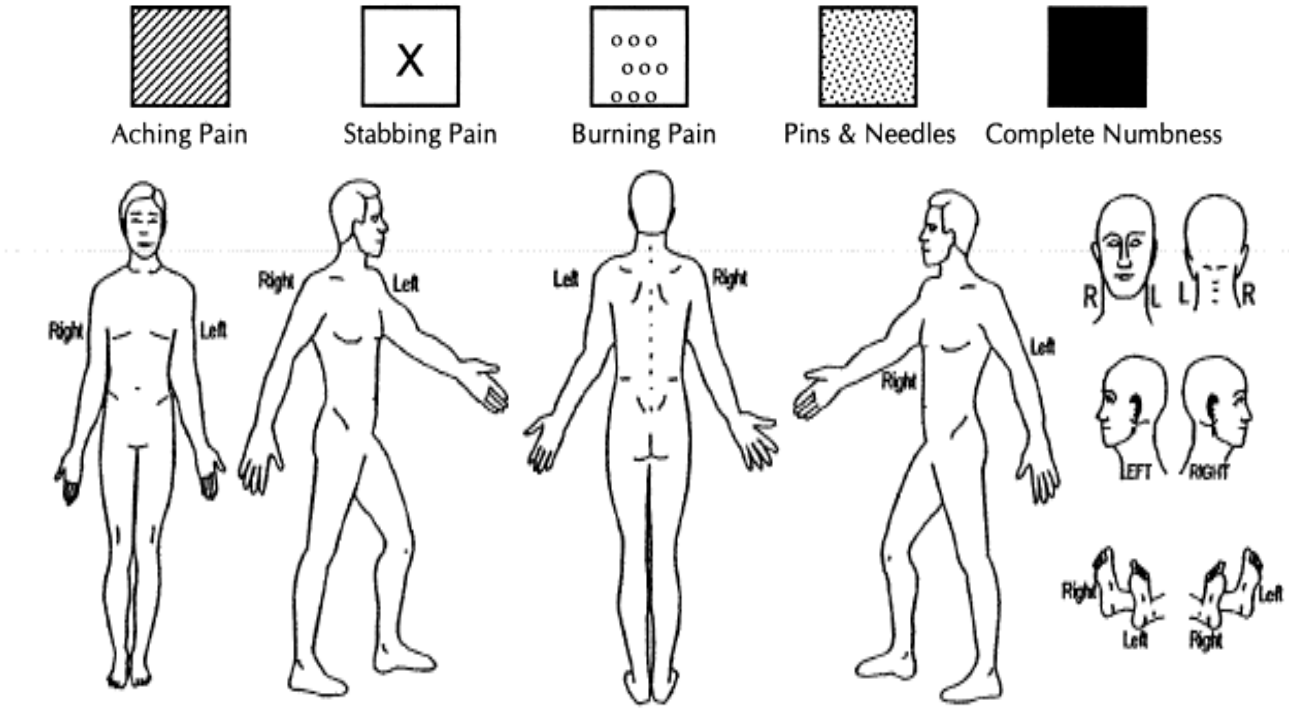
Consulting Physician: _____

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**.



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? _____

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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/Dipryridamole)
- Arixtra (Fondaparinux)
- Plavix (Clopidogrel)
- Excedrin
- Ticlid (Ticlopidine)

Medications: Please list ALL current medications/dosages:

- ○ _____
- ○ _____
- ○ _____
- ○ _____
- ○ _____
- ○ _____
- ○ _____
- ○ _____
- ○ _____
- ○ _____

Your Personal Medical 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
- ○ GI bleed
- ○ Arthritis
- ○ Fibromyalgia
- ○ Ulcerative colitis/IBS/Chron's
- ○ Peripheral neuropathy
- ○ Low blood sugar
- ○ Kidney disease
- ○ Diabetes
- ○ Thyroid disease
- ○ Pacemaker
- ○ Substance abuse
- ○ Restless leg syndrome
- ○ Parkinson's disease
- ○ Memory disorders
- ○ Osteoporosis
- ○ Gout
- ○ Severe head injury
- ○ Poor circulation
- ○ Aneurysm
- ○ Blood clots
- ○ Easy bleeding
- ○ Polymyalgia Rheumatica
- ○ Lupus
- ○ Eating disorder
- ○ OCD
- ○ Bipolar disorder
- ○ Cancer: Type: _____

Your Personal Surgical History:

Please check all that apply:

- ○ Tonsillectomy
- ○ Hysterectomy
- ○ Bypass in the legs
- ○ Bowel surgery
- ○ Appendectomy
- ○ Gastric bypass
- ○ Gallbladder
- ○ Heart surgery
- ○ Brain surgery
- ○ Carotid surgery
- ○ Abdominal aneurysm
- ○ Back surgery Date: _____
- ○ Neck surgery Date: _____
- ○ Other: _____

_____

_____

_____

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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)

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

Gastrointestional (Genitourinary):
- Difficulty chewing or swallowing
- Constipation
- Nausea/vomiting
- Weight loss
- Abdominal pain
- Poor apetite
- 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 (Ketoprofin)
- 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 (Propyxyphene)
- 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)
- Wellburtrin (Bupropion)
- Celexa (Citalopram)
- Cymbalta (Duloxetine)
- Lexapro (Escitalopram)
- Prozac (Fluoxetine)
- Pamelor (Nortriptyline)
- Paxil (Paroxetine)
- Zoloft (Sertraline)
- Effexor (Venlafaxine)
- Seroquel (Quetiapine Fumarate)
- Savella (Milnacipram)

Anticonvulsants:
- *Topamax (Topiratmate)*
- *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					