

X-ray of the _____ Date: _____ Facility: _____
 CT of the _____ Date: _____ Facility: _____
 MRI of the _____ Date: _____ Facility: _____
 EMG/NCV study of the _____ Date: _____ Facility: _____

Past Treatment: NSAIDs Opioids Muscle relaxants Steroids PT Chiropractor TENS units Psychological

Past Interventions	Date	% Pain Relief (0 - 100%)
Trigger Point Injection		
Joint Injection Joint _____		
Epidural Injection Level(s) _____		
Facet Joint Injection Level(s) _____		
Radio Frequency Level(s) _____		
Vertebroplasty / Kyphoplasty Level(s) _____		
Discogram		
Spinal cord stimulator: trial / permanent implant		
Medtronic Boston Scientific St. Judes		
Intrathecal pump: trial / permanent implant		

Surgery _____ Date _____ Surgeon _____

CURRENT MEDICATIONS:

Medication	Dose	Frequency

Pharmacy Name: _____
 Phone Number: _____

Do you take any blood thinners? Yes No
 Who prescribes the blood thinners? _____

Any known drug allergies? Yes No
 Medication Allergic Reaction

Topical allergies: Iodine Latex Tape

Bowel Patterns Usual frequency: _____ Last BM: _____ Bowel Regimen: Yes No
 Opioid Side Effects: (Circle all that apply) Constipation Dizziness Drowsiness Impaired mentation
 Sexual dysfunction Dry mouth Nausea Vomiting Pruritis Depression
 Any history of: (Circle all that apply) Coagulation Disorder Depression Substance Abuse Diabetes
 Hypertension Seizure Stroke Heart attack Kidney problems Liver problems Cancer Infections
 Family History of: Substance abuse Chronic Pain Cancer Please elaborate: _____
 Social History Marital Status: Married Single Separated Divorced Widow # Children: _____
 Occupation: _____
 Smoking (Circle one): Never a smoker Former smoker Current some day smoker Current every day smoker
 Alcohol use (Circle one): Never drinks Socially History of Alcoholism Current Alcoholism
 Illegal drug use (Circle one): Yes No Formerly used illegal drugs If yes, please elaborate: _____
 Have you ever abused prescription medications: Yes No If yes, please elaborate: _____

FOR OFFICE USE ONLY	
Problem List:	Plan:
_____	_____
_____	_____
_____	_____

