

PAST MEDICAL HISTORY

CARDIOVASCULAR

- ABNORMAL HEART RHYTHM
- CORONARY ARTERY DISEASE
- CONGESTIVE HEART FAILURE
- CAROTID ARTERY DISEASE
- DEEP VEIN THROMBOSIS
- HYPERTENSION
- HEART ATTACK
- PERIPH VASCULAR DISEASE

PULMONARY

- ASTHMA
- CHRONIC BRONCHITIS
- COPD
- PULMONARY EMBOLISM
- SLEEP APNEA
- TUBERCULOSIS

PSYCHIATRIC

- ANXIETY
- BIPOLAR DISORDER
- DEPRESSION

OTHER: _____

NEUROLOGICAL

- ALZHEIMER'S DISEASE
- ADD/ADHD
- STROKE/CVA
- MIGRAINE HEADACHES
- MULTIPLE SCLEROSIS
- PARKINSON'S DISEASE
- SEIZURE DISORDER
- TIA

MUSCULOSKELETAL

- FIBROMYALGIA
- GOUT
- RHEUMATOID ARTHRITIS
- OSTEOARTHRITIS
- OSTEOPOROSIS
- LUPUS

PSYCHIATRIC

- OCD
- SCHIZOPHRENIA

GASTROINTESTINAL

- GALL STONES
- CROHNS DISEASE
- GERD
- HEPATITIS
- PANCREATITIS
- PEPTIC ULCER DISEASE
- ULCERATIVE COLITIS

ENDOCRINE

- ADDISON'S DISEASE
- CUSHING'S DISEASE
- DIABETES TYPE 1
- DIABETES TYPE 2
- HYPOTHYROIDISM
- HYPERTHYROIDISM

EYES

- CATARACTS
- GLAUCOMA

HEMATOLOGICAL

- IRON DEF ANEMIA
- BLEEDING DISORDER

ALLERGY/IMMUNE/SKIN

- ECZEMA
- PSORIASIS
- CHRONIC SINUSITIS
- IMMUNE DEFICIENCY

RENAL

- CHRONIC RENAL FAILURE
- PROSTATE ENLARGEMENT
- GLOMERULONEPHRITIS
- POLYCYSTIC KIDNEYS
- KIDNEY STONES
- BLADDER INCONTINENCE

CANCERS

- TYPE _____
- REMISSION? YES NO

PAST SURGICAL HISTORY

COMMON (GENERAL)

- CATARACT
- TONSILLECTOMY
- PACEMAKER/AICD
- CORONARY ARTERY BYPASS
- CORONARY STENT
- HEART VALVE REPLACEMENT
- APPENDECTOMY
- GALL BLADDER
- GASTRIC BANDING/BYPASS

COMMON SPINE

- CERVICAL FUSION
- LUMBAR FUSION
- LUMBAR LAMINECTOMY
- SPINALCORD STIMULATOR
- SPINAL DRUG PUMP
- LUMBAR DISCECTOMY
- VERTEBROPLASTY
- KYPHOPLASTY

COMMON ORTHOPEDIC

- CARPAL TUNNEL
- SHOULDER SCOPE
- ROTATOR CUFF REPAIR
- KNEE SCOPE
- HIP REPLACEMENT
- KNEE REPLACEMENT
- ORIF (SURGERY TO FIX BROKEN BONE)
- WHAT BONE? _____

COMMON MALE/FEMALE

- TURP (PROSTATE)
- OPEN PROSTATECTOMY
- BLADDER SLING
- CESARIAN SECTION
- HYSTERECTOMY
- TUBAL LIGATION
- BREAST LUMPECTOMY
- MASTECTOMY

OTHER/ENTER DETAILS HERE: _____

FAMILY HISTORY

PLEASE LIST ANY MAJOR HEALTH PROBLEMS AMONG YOUR FIRST DEGREE RELATIVES. BE SPECIFIC. FOR EXAMPLE, IF YOU LIST CANCER, WHAT TYPE WAS IT?

FATHER _____ NONE UNKNOWN
MOTHER _____ NONE UNKNOWN
BROTHERS _____ NONE UNKNOWN
SISTERS _____ NONE UNKNOWN

SOCIAL HISTORY

MARITAL STATUS: MARRIED DIVORCED SINGLE WIDOWED SIGNIFICANT OTHER

CURRENT OCCUPATION: _____ WORKING NOW? YES NO

EDUCATION: HIGH SCHOOL GED COLLEGE MASTERS DOCTORATE

TOBACCO USE STATUS:

CURRENT SMOKER EVERY DAY SOME DAYS | FORMER SMOKER - QUIT DATE _____ | NEVER SMOKED

TOBACCO PRODUCTS CURRENTLY USED: CIGARETTES/CIGARS SMOKELESS TOBACCO

DO YOU DRINK ALCOHOL? NO YES | IF YES, HOW OFTEN? DAILY WEEKLY RARELY

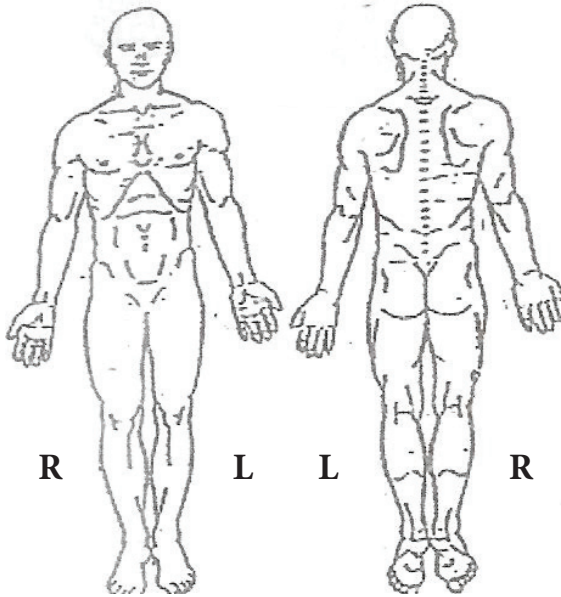
DO YOU HAVE A HISTORY OF ALCOHOLISM NO YES

HAVE YOU EVER HAD A SUBSTANCE ABUSE PROBLEM? NO YES

WHAT SUBSTANCE(S) DID YOU ABUSE? _____

NAME: _____ DOB: _____ (PLEASE ENTER)

HISTORY OF CURRENT PAIN PROBLEM - PLEASE COMPLETE EACH SECTION



WHERE IS YOUR PAIN?

COLOR IN YOUR USUAL PAIN AREAS

CIRCLE YOUR WORST SPOT



ONSET

WHEN DID YOU FIRST HAVE THIS PAIN?

- PAST 24 HRS PAST 4 WKS PAST 1-3 YRS
 PAST 7 DAYS PAST YEAR > 3 YRS AGO

WAS THERE A SPECIFIC DATE?

- NO YES _____

RELATED EVENT

- NONE VEHICLE ACCIDENT FALL LIFTING INJURY SURGERY
 OTHER _____ **WORK-RELATED?** YES NO

WHEN IS YOUR PAIN WORST? NO PARTICULAR TIME

- MORNING AFTERNOON EVENING MIDDLE OF NIGHT

WORDS THAT DESCRIBE YOUR PAIN

- SHARP ELECTRICAL DULL THROBBING
 BURNING TINGLING ACHING INDESCRIBABLE

PAIN WORSE WITH

- WALKING BENDING FORWARD LIFTING PUSHING FOR BOWEL MOVEMENT
 STANDING BENDING BACKWARD COUGHING PRESSING ON AREA
 SITTING LAYING FLAT RIDING IN CAR PHYSICAL EXERTION
 OTHER _____ NONE- PAIN IS SPONTANEOUS

PAIN BETTER WITH

- STOPPING ACTIVITY LAYING FLAT HEAT RELAXATION
 CHANGING POSITION REST TENS PASSAGE OF TIME
 SITTING ICE ELEVATION NONE
 OTHER _____

PAIN SCALE

0 = NO PAIN 10 = PAIN 'SUFFICIENT TO PASS OUT'

CURRENT	0	1	2	3	4	5	6	7	8	9	10
WORST IN 24 HRS	0	1	2	3	4	5	6	7	8	9	10

(OVER)

HISTORY OF CURRENT PAIN PROBLEM

(CONTINUED - COMPLETE EACH SECTION)

EMPLOYMENT STATUS

- CURRENT WORK STATUS (CHECK THOSE THAT APPLY) FULL TIME WORK PART TIME WORK
 NOT WORKING NO WORK LIMITATIONS WORK LIMITATIONS (FOR HOW LONG _____)
 OPEN WORKER'S COMPENSATION CLAIM OPEN LITIGATION (MVA, ETC)

FUNCTIONAL IMPACT

- DOES PAIN INTERFERE WITH ANY OF THE FOLLOWING ACTIVITIES? (CHECK THOSE THAT APPLY)
 EATING BATHING USING TOILET DRESSING GETTING UP FROM BED OR CHAIR

RED FLAG QUESTIONS

- Do you currently have CANCER, or have you had a cancer in the past? YES NO
 Have you had UNEXPLAINED WEIGHT LOSS in the past 6 months? YES NO
 Could you currently have a NEW BONE FRACTURE related to a MVA, work injury, or fall? YES NO
 Do you have NEW BOWEL OR BLADDER DYSFUNCTION (retention, frequency, incontinence)? YES NO
 Do you currently have an INFECTION anywhere (urinary, sinus, chest, skin, etc)? YES NO
 Do you currently have a SUPPRESSED IMMUNE SYSTEM (from medications, cancer, HIV, etc)? YES NO
 Do you currently have SADDLE ANESTHESIA (numbness under the buttocks or in the perianal region)? YES NO
 Do you currently have MAJOR MOTOR WEAKNESS (serious trouble moving arms or legs)? YES NO
 Is there any chance you might be PREGNANT now? YES NO
 Are you currently taking a BLOOD THINNER (Coumadin, Plavix, or others)? YES NO

PRIOR TREATMENT & RESPONSE

- Is this the VERY FIRST EPISODE of your current pain problem? YES NO
 Have you tried MODIFYING YOUR ACTIVITIES to help treat the pain? YES NO
 Have you tried FORMAL PHYSICAL THERAPY to help treat the pain? YES NO
 Have you tried SPECIAL EXERCISES designed to treat your pain? YES NO
 Have you tried OVER THE COUNTER PAIN MEDICINES to treat your pain? YES NO

BACK PAIN ONLY

IF THIS IS NOT YOUR FIRST EPISODE OF BACK PAIN, PLEASE LIST PRIOR EPISODES BELOW:

DATE	DIAGNOSIS	TREATMENT
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REVIEW OF SYSTEMS

DO YOU HAVE ANY OF THESE SYMPTOMS NOW OR IN THE RECENT PAST?

GENERAL

- FEVER
 SEVERE SHAKING CHILLS

EYES

- BLURRED VISION
 SENSITIVITY TO LIGHT

EARS/NOSE/THROAT

- NOSE BLEEDS
 BLEEDING GUMS

CARDIOVASCULAR

- CHEST PAIN
 PALPITATIONS
 SWELLING IN ANKLES

PULMONARY

- COUGH
 SHORTNESS OF BREATH

GASTROINTESTINAL

- CONSTIPATION
 DIARRHEA
 NAUSEA
 VOMITING

GENITOURINARY

- BLOOD IN URINE
 URINARY INCONTINENCE

MUSCULOSKELETAL

- JOINT PAIN
 MUSCLE PAIN

INTEGUMENTARY

- RASH
 HAIR OR NAIL GROWTH CHANGE
 SKIN COLOR OR TEXTURE CHANGE

NEUROLOGICAL

- DIZZINESS
 NUMBNESS
 WEAKNESS
 SEIZURES

HEMATOLOGIC/LYMPH

- EASY BRUISING
 SWOLLEN OR TENDER LYMPH NODES

ENDOCRINE

- HEAT INTOLERANCE
 COLD INTOLERANCE
 MEASURED BLOOD SUGARS >200

ALLERGIC/IMMUNE

- SEASONAL ALLERGIES
 LATEX ALLERGY

PSYCHIATRIC

- ANXIETY
 DEPRESSION
 SLEEP DISTURBANCE
 MANIC EPISODES