



Name: _____ Today's Date: _____ Patient ID: _____

Insurance: _____ Room: _____

Date Of Birth: _____ Email: _____

Where is your pain today? _____

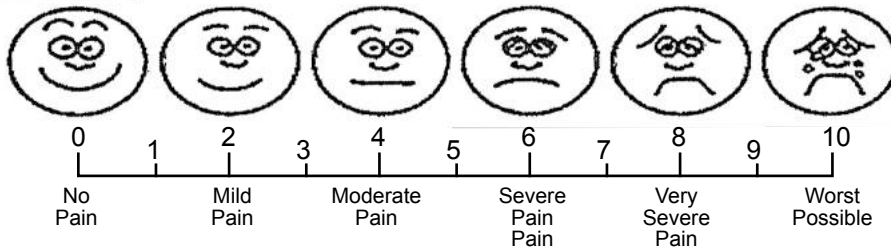
My pain TODAY is: BETTER WORSE UNCHANGED

Check all that describe your pain:

- Constant
- Burning
- Tender
- Occasional
- Stabbing
- Numbness
- Dull
- Pressure
- Electric
- Aching
- Tingling
- Sharp
- Nagging
- Shooting
- Cramping
- Throbbing
- Pins & Needles

ANY NEW ISSUES?

What is your USUAL level of pain?



Pain is WORSE with:

activity, walking, prolonged, sitting/standing, bending, lying flat, driving, work activities, lifting, weather changes going up stairs

Pain is BETTER with:

resting, lying down, turning on the other side, standing, lying in a recliner, walking, heat, ice, massage, medications, injections, nothing

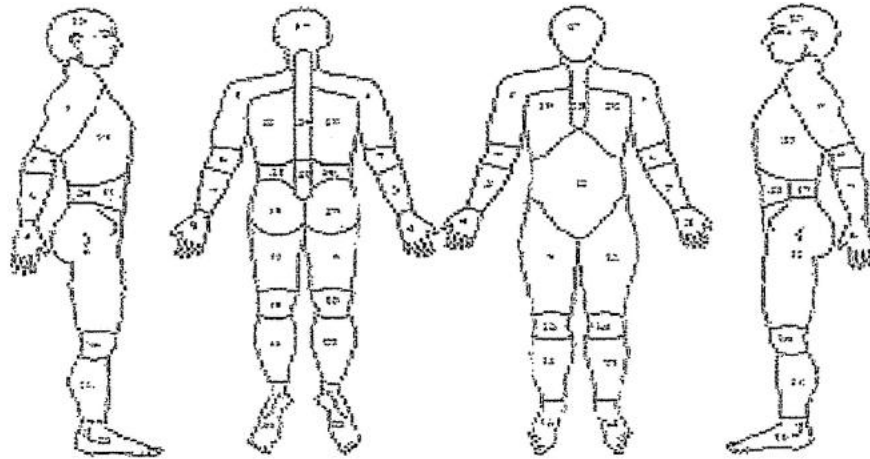
1. Are medications helping with you pain?
Well Fairly Not very well Poorly
2. Have You had an Injection? Yes No
3. Percent of relief from Injection? _____%
4. Percent of relief taking pain medications: _____%
5. Current functional level with medication:
Better Much Improved Very Poor Worse Unchanged
6. Quality of sleep: Good Fair Poor
7. Any misuse or abuse of medications? Yes No
Explain: _____
8. Are you taking medications as prescribed? Yes No
Explain: _____
9. Any side effect of prescribed medications? Yes No
Explain: _____
10. Describe your mood:
Good Fair Poor Depressed

- ❖ Working Currently?
 Yes No
- ❖ Employment Type?

- ❖ Applying for disability?
 Yes No
- ❖ Currently on Disability?
 Yes No
- ❖ Workers Comp Case?
 Open Closed

OVER ➡

Please mark the areas of your pain:



GENERAL

- Fatigue
- Weight Loss

EYES

- Changes in Vision

HEENT

- Headaches
- Deafness/Hearing Loss
- Sinus Problems

PSYCHOLOGICAL

- Depression
- Anxiety
- Difficulty Sleeping

RESPIRATORY

- Shortness of Breath
- Asthma
- COPD/Emphysema
- Sleep Apnea

CARDIOVASCULAR

- High blood pressure
- Chest pain
- Poor circulation
- Irregular heart beat
- Feet swelling

GASTROINTESTINAL

- Abdominal pain
- Reflux or nausea/vomiting
- Heartburn
- Constipation
- Stomach ulcer

UROLOGICAL

- Incontinence (bladder/bowel)
- Kidney stones
- Inability to control urine

ENDOCRINE

- Thyroid problem
- Diabetes
- Hepatitis

MUSCLOSKELETAL

- Muscle cramps
- Neck pain
- Shoulder pain
- Back pain
- Joint pain
- Joint swelling
- Morning stiffness

NEUROLOGICAL

- Seizures
- Trouble concentrating
- Gait disturbance/trouble walking
- Stroke
- Weakness

HEMATOLOGIC

- Bleeding disorder
- Anemia
- Easy Bruising
- Blood transfusion