



STAFF: Responses in boxes and handwritten items must be entered MANUALLY.

Marking Instructions

Please use a #2 pencil. Fill in the complete oval as shown...



PLEASE PRINT PATIENT'S LAST NAME

Grid for patient's last name

PLEASE PRINT PATIENT'S FIRST NAME

Grid for patient's first name

PATIENT'S DATE OF BIRTH

Grid for patient's date of birth

Month Day Year

How did you arrive today? Are you currently employed? Who is with you today? Has anything changed since your last visit? If "yes", mark all that apply: accident, family issue, illness, surgery, treatment. Have you had a change in medication since your last visit? Are you being treated for hypertension (high blood pressure)? If female, are you pregnant? no, yes, maybe. Due date: \_\_\_\_\_

What is your smoking status? current (every day), current (some days), previous, never. How many packs of cigarettes do you (or did you) smoke daily? <1/2, 1/2, 3/4, 1, 1 1/2, 2, >2

If you smoke (or did smoke), how many years have you smoked? (If you smoked intermittently, add the years that you smoked.) Example: 21 is marked. Grid for years smoked (10, 20, 30, 40, 50, 60, 70, 80, 90) and (1, 2, 3, 4, 5, 6, 7, 8, 9)

If you smoked previously, when did you stop smoking? (In months) <2, 2-6, 6-12, 12-24, >24

Location of pain? right side, left side, both sides, midline

Type of pain? headache, neck pain, abdominal / pelvic pain, back pain, other

Current status of problem: resolved, no change, changed

Current pain you are having (mark all that apply): crushing, pressure, sore, aching, gnawing, sharp, stabbing, burning, pins and needles sensation, shock-like, throbbing

Severity compared to last visit: improved, more severe, no change

Pain score on scale from 0-10: (0 being no pain to 10 being most severe pain imaginable) No Pain ☺ 0 1 2 3 4 5 6 7 8 9 10 ☹ Most Severe Pain Imaginable

Functional impairment: Mild: Doesn't interfere with daily activities, Moderate: Interferes only with some daily activities, Severe: Interferes with most but not all daily activities, Very Severe: Unable to carry out any daily activities

Need for pain medication(s): no medications, no change, decreased, increased

Ability to sleep (as affected by pain): same, improved, worse, not affected

Frequency of problem now: unchanged, less frequent, more frequent

Duration of problem now: unchanged, shorter now, longer now

Response to medication (effectiveness of medication): Day, Night. no medications, improved, worsened, unchanged

On occupational activity: improved, worsened, unchanged

On recreational activity: improved, worsened, unchanged

Response to injection therapy: no injection, improved initially, but relief didn't last, fluctuating, improved, too early to tell, worse

