

Do not write, stamp, punch holes or affix a sticker in this area.

Direction of Feed

# Established Patient

Please answer every question

To reproduce, follow the printing instructions. Do not fold this form.

## Marking Instructions

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



PLEASE PRINT PATIENT'S LAST NAME

PLEASE PRINT PATIENT'S FIRST NAME

PATIENT'S DATE OF BIRTH

Month

Day

Year

## HISTORY OF PRESENT ILLNESS

How did you arrive today? wheelchair  crutches  cane  walker  no assistance

Are you currently employed? yes  no

Who is with you today? self  male  female

Has anything changed since your last visit? yes  no

If "yes", mark all that apply:

accident  family issue  illness  surgery  treatment

Have you had a change in medication from another provider? yes  no

Location of pain? right side  left side  both sides  middle

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

Current status of problem: gone  no different  changed

Current pain you are having (mark all that apply):

aching  crushing  pressure  sore

burning  gnawing  sharp  stabbing

pins and needles  shock-like  throbbing

Severity compared to last visit: better  worse  no different

How bad is the pain? (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

How does your pain affect your life?

- 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 different  decreased  increased

Ability to sleep (as affected by pain): same  better  worse  no different

How often does the pain happen now? no different  less frequent  more frequent

How long does the pain last now? no different  shorter now  longer now

Are medicines helping? (effectiveness of medication)

Day no medications  better  worse  no different

Night no medications  better  worse  no different

Work time: better  worse  no different

Play time: better  worse  no different

Response to injections: too early to tell

no injection  comes and goes

improved  no change

improved initially but relief didn't last  worse