

CHIEF COMPLAINT: Where is your pain?

- NECK ARM L R
 BACK LEG L R

When did your symptoms start?: _____

How long have you had your current symptoms? _____

What activities make your pain worst?

- Sitting Standing Flexing Walking
 Extension Other _____

What helps relieve / reduce your pain?

- Medication Rest
 Traction Heat /Cold
 PT Other _____

Have you had anything to eat or drink within the past 4 hours?

- No Yes, Explain _____

For diabetic patient on the day of appointment:

Fasting blood sugar _____ Time _____

Related Previous Surgical procedures:

- No Yes, Explain _____

Related Previous Spine Injection procedures:

- No Yes, Explain _____

List Current Medications and Dosages:

History of taking:

N/A, if none taken in the last 3 months.

Aspirin or Aspirin products, Xarelto, Date of last dose: _____

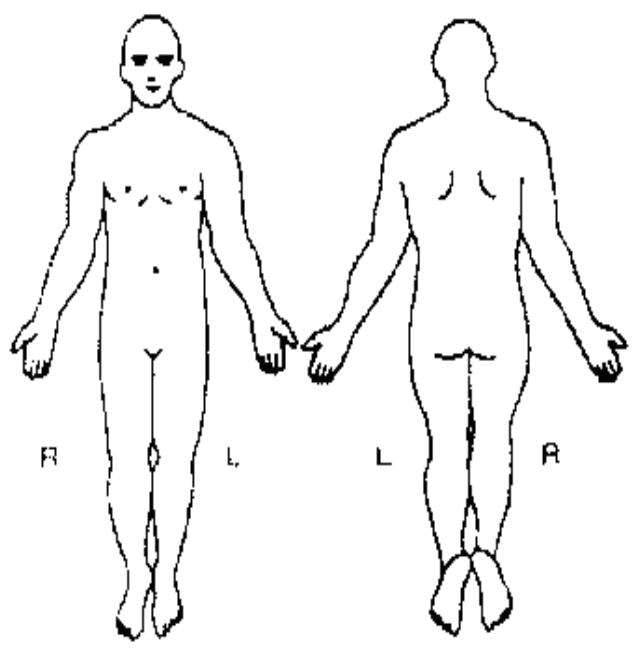
Pradaxa, Plavix, Coumadin (circle one) Date of last dose: _____

NSAIDS (Naproxen, Ibuprofen, Mobic, etc) Date of last dose: _____

Platelet Inhibitors (Ticlid, Reopro, Pletal, etc) Date of last dose: _____

Fish oil or Lovaza Date of last dose: _____

DID YOU BRING ANY FILMS/CD WITH YOU?		<input type="checkbox"/> NO	<input type="checkbox"/> YES
PMI date _____	Verified by: _____	<small>(staff only)</small>	



Mark the drawings using the symbols below to best describe your pain location and type:

Pain //////////////

Numbness =====

Pins & Needles oooooo

Please circle the pain level: Zero "0" is no pain on the scale, and ten "10" is the "most severe pain ever". Use the upper scale for RIGHT side and the lower scale for LEFT side.

Last Week	Right Side	0	1	2	3	4	5	6	7	8	9	10	Most Severe
	No Pain	_____											
	Left Side	0	1	2	3	4	5	6	7	8	9	10	
	No Pain	_____											
Today	Right Side	0	1	2	3	4	5	6	7	8	9	10	Most Severe
	No Pain	_____											
	Left Side	0	1	2	3	4	5	6	7	8	9	10	
	No Pain	_____											