MD PAIN

MEDICAL HISTORY FORM

DATE: _____ REFERRED BY: _____ FAMILY DOCTOR: _____

NAME: _____ DATE OF BIRTH: _____

PREFERRED NAME: _____PREFERRED PHARMACY: _____

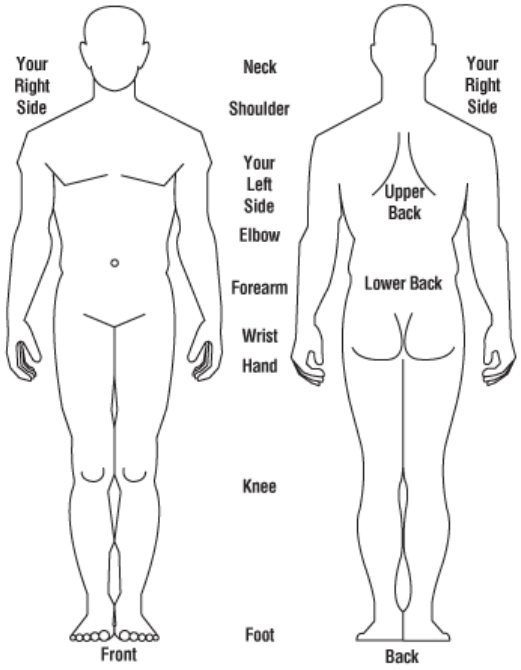
AGE: _____ HEIGHT: _____ WEIGHT: _____

CHIEF COMPLAINT:

LOCATION OF PAIN: _____ DATE OF ONSET: _____

PAIN RADIATES FROM/TO: _____

DOES THE PAIN RADIATE: EQUAL INTENSITY OR ONE LOCATION MORE SEVERE: _____



PLEASE MARK YOUR PAIN ON THE ABOVE BODY

HOW DID SYMPTOMS OCCUR?

- NO INJURY – SUDDENLY
- NO INJURY - GRADUALLY
- AUTO ACCIDENT
- SPORTS ACCIDENT
- INJURY AT WORK
- PRIOR SURGERY

RATE THE PAIN (0 BEING NO PAIN, 10 THE MOST PAIN): 0 1 2 3 4 5 6 7 8 9 10

WHAT ARE YOUR SYMPTOMS?

- NUMBNESS OR TINGLING
- RADIATING PAIN
- SPASMS
- STIFFNESS
- WEAKNESS
- OTHER: _____

DO YOU EXPERIENCE ANY OF THE FOLLOWING?

- BALANCE ISSUES
- BLADDER INCONTINENCE
- BOWEL INCONTINENCE
- UNSTEADINESS WHEN WALKING
- NONE OF THE ABOVE

WHAT MAKES THE SYMPTOMS WORSE?

- ALL ACTIVITES
- BENDING
- CHANGING POSTION
- COUGHING
- DRIVING
- LIFTING
- SITTING
- STANDING
- TWISTING
- WALKING
- SLEEPING
- OTHER: _____

WHAT TREATMENT HAVE YOU TRIED?

REST	IMPROVED	WORSENED
ACTIVITY MODIFICATION	IMPROVED	WORSENED
BRACING	IMPROVED	WORSENED
COLD	IMPROVED	WORSENED
HEAT	IMPROVED	WORSENED
MUSCLE RELAXANTS	IMPROVED	WORSENED
NSAIDS	IMPROVED	WORSENED
PRESCRIPTION PAIN MEDICATIONS	IMPROVED	WORSENED
TOPICAL CREAMS	IMPROVED	WORSENED
TYLENOL	IMPROVED	WORSENED
PHYSICAL THERAPY	IMPROVED	WORSENED
CHIROPRACTIC THERAPY	IMPROVED	WORSENED
MASSAGE	IMPROVED	WORSENED
STEROID INJECTIONS	IMPROVED	WORSENED
SURGERY	IMPROVED	WORSENED
OTHER: _____	IMPROVED	WORSENED

HAVE YOU HAD ANY PRIOR TESTS FOR THIS PROBLEM?

- NO IMAGING STUDIES
- X-RAYS
- CT SCAN
- MRI
- NERVE TEST (EMG)
- BONE SCAN
- OTHER: _____

WHAT IS YOUR OCCUPATION? _____

WHAT IS YOUR CURRENT WORK STATUS?

- DISABLED
- RETIRED
- WORKING A REDUCED SCHEDULE
- WORKING FULL TIME WITH OUT RESTRICTIONS
- WORKING WITH RESTRICTIONS

WHO REFERRED YOU? ANOTHER PATIENT CHIROPRACTOR EMERGENCY ROOM INTERNIST ORTHOPAEDIC MD PAIN MANGEMENT PRIMARY CARE DOCTOR SELF REFERRED THERAPIST TRAINER URGENT CARE PROVIDER WORKMENS COMPENSATION OTHER: _____

PAST MEDICAL HISTORY:

PAST MEDICAL CONDITIONS:

- NONE
- ANXIETY DISORDER
- ASTHMA
- ATRIAL FIBRILLATION
- BIPOLAR DISORDER
- CEREBROVASCULAR ACCIDENT
- COPD
- CHRONIC PAIN
- DEEP VENOUS THROMBOSIS
- DEPRESSIVE DISORDER
- DIABETIC ON INSULIN
- DISEASE CASUED BY COVID19
- END-STAGE RENAL DISEASE
- EPILEPSY
- ESSENTIAL HYPERTENSION
- GERD
- HYPERTENTION
- HISTORY OF RADIATION THERAPY
- HIV
- HIGH CHOLESTEROL
- ISCHEMIC HEART DISEASE
- LEUKEMIA
- MALIGNANT LYMPHOMA
- MALIGNANT TUMOR OF COLON
- OBSTRUCTIVE SLEEP APNEA SYNDROME
- PRIMARY FIBROMYALGIA SYNDROME
- RHEUMATOID ARTHRITIS
- TYPE 2 DIABETES MELLITUS
- OTHER: _____

PAST SURGERIES:

- NONE
- BYPASS OF STOMACH
- CANCER CONFIRMED
- CHOLECSTOCOLOSTOMY (GALLBLADDER)
- CORONARY ARTERY BYPASS GRAFT
- HERNIA REPAIR
- APPENDECTOMY
- COLECTOMY
- TISSUE GRAFT HEART VALVE REPLACEMENT
- MECHANICAL HEART VALVE REPLACEMENT
- REPAIR OF ANEURYSM
- OTHER: _____

INTERVENTIONAL PAIN HISTORY:

- NONE
- CERVICAL EPIDURAL INJECTIONS
- THORACIC EPIDURAL INJECTIONS
- LUMBAR EPIDURAL INJECTIONS
- CERVICAL FACET INJECTIONS
- THORACIC FACET INJECTIONS
- LUMBAR FACET INJECTIONS
- INTRATHECAL PUMP
- CERVICAL MEDIAL BRANCH BLOCK
- THORACIC MEDIAL BRANCH BLOCK
- LUMBAR MEDIAL BRANCH BLOCK
- CERVICAL RHIZOTOMY
- THORACIC RHIZOTOMY
- LUMBAR RHIZOTOMY
- SPINAL CORD STIMULATOR
- OTHER: _____

MUSCULOSKELETAL DISEASE HISTORY:

- NONE/UNKNOWN
- ADHESIVE CAPSULITIS OF SHOULDER
- ANKYLOSING SPONSYLITIS
- BURSITIS
- CARPAL TUNNAL SYNDROM
- CHRONIC LOW BACK PAIN
- COMPLEX REGIONAL PAIN SYNDROME
- COMPRESSION FRACTURE OF VERTEBRAL COLUMN
- EPIDURAL STEROID INJECTION
- HIP FRACTURE
- RHEUMADTOID ARTHRITIS
- OSTEOPROOSIS
- IDIOPATHIC SCOLIOSIS
- OSTEOARTHRITIS
- CERVICAL SPINAL STENOSIS
- LUMBAR SPINAL STENOSIS

MUSCULOSKELETAL SURGICAL HISTORY:

- DECOMPRESSION OF LUMBAR SPINE
- DECOMPRESSION OF MEDIAN NERVE (CARPEL TUNNEL RELEASE)
- LUMBAR LAMINECTOMY
- HISTORY OF ARTHROPLASTY R____ L____
- HISTORY OF ARTHROSCOPY OF KNEE JOINT
- ROTATOR CUFF REPAIR OF SHOULDER
- KYPHOPLASTY: LEVELS _____
- LUMBAR SPINAL FUSION: LEVELS _____
- OSTEOTOMY AND DISCECTOMY OF CERVICAL SPINE
- HIP REPLACEMENT R____ L____
- TOTAL SHOULDER R ____ L ____

LIST OF MEDICATIONS: _____

_____

_____

LATEX ALLERGY: YES NO

DO YOU HAVE ANY ALLERGIES? YES NO

PLEASE LIST: _____

SOCIAL HISTORY:

DO YOU SMOKE? DAILY OCCASIONALLY FORMER SMOKER NEVER

HOW MANY TIMES IN THE PAST YEAR HAVE YOU HAD 5 OR MORE DRINKS IN A DAY FOR MEN, OR 4 OR MORE DRINKS IN A DAY FOR WOMEN OR ANY ADULT OLDER THAN 65? _____

DO YOU DRINK ALCOHOL? NONE < 1 DRINK / DAY 1-2 DRINKS / DAY 3 OR MORE DRINKS / DAY

HOW OFTEN DO YOU EXERCISE?

NEVER ONCE A DAY SEVERAL TIMES A DAY FEW TIMES A WEEK FEW TIMES A MONTH

REVIEW OF SYSTEMS

PLEASE INDICATE IF YOU HAVE EXPERIENCED ANY OF THE FOLLOWING SYMPTOMS IN THE PAST SIX MONTHS

NONE FOR ALL _____

- **CON** FATIGUE WEIGHT LOSS FEVER CHILLS WEIGHT GAIN
- **EYE** REDNESS CORRECTIVE LENSES BLURRED VISION
- **ENT** NOSE BLEEDS RINGING IN EARS HOARSENESS
- **CARDIO** CHEST PAIN PALPITATIONS FAINTING HEART MURMER LEG CRAMPS
- **RESP** SHORTNESS OF BREATH WHEEZING COUGH HURTS TO BREATH
- **GI** HEARTBURN NAUSEA/VOMITING CONSTIPATION DIARRHEA BLOODY STOOLS
- **GU** FREQUENT URINATION PAINFUL URINATION INCONTINENCE BLOOD IN URINE
- **SKIN** POOR HEALING WOUNDS RASH ITCHING SCARRING
- **NEURO** NUMBNESS TINGLING DIZZINESS HEADACHES TREMORS
- **PSYCH** NERVOUSNESS ANXIETY DEPRESSION HALLUCINATIONS
- **ENDO** EXCESSIVE THRIST OR URINATION HEAT/COLD INTOLERENCE
- **HEM** EASY BLEEDING EASY BRUISING
- **MUSC** JOINT PAIN JOINT SWELLING JOINT STIFFNESS UNSTEADY GAIT

MARK ALL THAT APPLAY:
METAL IN BODY: _____ CLAUSTROPHOBIC: _____ PREGNANT _____ PACEMAKER: _____ DEFIBRILLATOR: _____
ALLERGY TO SHELLFISH/IODINE: _____ ALLERGY TO LATEX: _____ ALLERGY TO ADHESIVE: _____

ARE YOU TAKING A BLOOD THINNER? YES NO
PLEASE LIST PHYSICIAN WHO PRESCRIBES BLOOD THINNER: _____

FAMILY HISTORY:
PLEASE LIST RELATION NEXT TO FAMILY HISTORY:

- NONE
- DIABETES: _____
- HEART DISEASE: _____
- HYPERTENTION: _____
- BLEEDING PROBLEMS: _____
- EPILEPSY: _____
- OSTEOPOROSIS: _____
- STROKE: _____
- CANCER: _____
- RHUMATOID ARTHRITIS: _____
- MUSCULAR DYSTROPHY: _____
- OTHER: _____