Addison Pain
+ Regenerative Medicine

Initial Patient Visit

Patient Name _____ **DOB** _____ **Sex** M / F

Referred by _____ **Phone** _____

Reason for visit _____

Primary Insurance _____ **Secondary Insurance** _____ ☐ **Self Pay**

☐ **Attorney** _____ **Pharmacy (cross streets)** _____

Please describe how your problems began, including <u>when</u> and <u>how</u> the pain started

_____

_____

_____

_____

_____

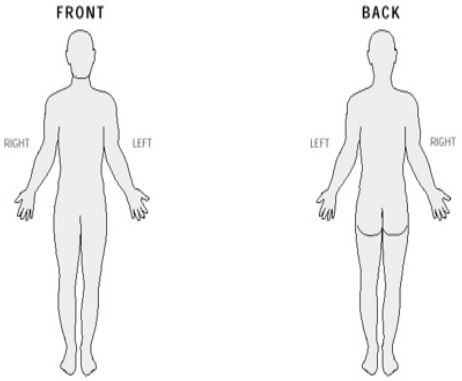
_____

_____

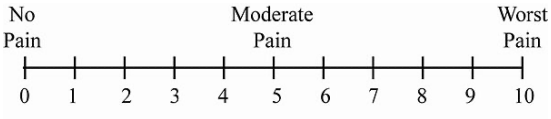
_____

_____

Indicate your pain location(s) by drawing on the figure below



Circle your current pain level



Pain started? ☐ < 2 weeks ☐ 1 - 3 months ☐ 3 – 6 months ☐ 6 months – 1 year ☐ > 1 year

Pain present? ☐ always ☐ usually ☐ occasionally ☐ rarely ☐ only when I _____

Type of pain? ☐ aching ☐ shooting ☐ sharp ☐ burning ☐ tiring ☐ numbing ☐ throbbing ☐ stabbing ☐ tender ☐ tightness ☐ other: _____

Pain lessens with: ☐ rest ☐ medication ☐ changing position ☐ massage ☐ heat or cold pack ☐ movement ☐ relaxation techniques ☐ other: _____

Pain worsens with: ☐ physical activity ☐ sitting ☐ standing ☐ walking ☐ other: _____

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Mood & sleep? □ normal □ daytime sleepiness □ insomnia □ depression □ anxiety

PLEASE COMPLETE ALL QUESTIONS, CIRCLING ITEMS BELOW THAT APPLY TO YOU

Prior imaging Back: MRI / CT / X-Rays Neck: MRI / CT / X-Rays Other:_____

Prior injections Trigger Point Injections Epidural Injection Joint Injection Rhizotomy Nerve Block

Prior therapies
Have you ever had physical therapy? □ No □ **Yes – for how long?** _____
Have you had chiropractic treatment? □ No □ **Yes – for how long?** _____
Exercises or stretching at home? □ No □ Yes Massage therapy? □ No □ Yes
Have you used orthotics, like a back or knee brace? □ No □ **Yes – for how long?** _____

Prior medicines Lortab/Lorcet/Vicodin Norco Darvocet Percocet Percodan Codeine Celebrex/ Vioxx Motrin/Advil Lodine Mobic Alleve/Naproxen Oxycontin MS Contin Methadone Duragesic Patch Morphine Actiq Neurontin Elavil Topamax/Zonegran Ambien Xanax Restoril Trazodone Robaxin Skelaxin Flexeril Zanaflex Baclofen Soma Prozac Celexa Lexapro Paxil Remeron Zoloft Other_____

Allergies _____

Medical conditions Arthritis Asthma Cancer Chronic pain Depression Diabetes Deep vein thrombosis Reflux Gastric ulcer High blood pressure Mental illness Migraines Neurological disorder Obesity Osteoporosis Muscle pain / inflammation Thyroid disorder Seizure Other: _____

Prior surgeries Appendectomy C-section Cholecystectomy Hernia repair Hysterectomy Tonsillectomy Tubal ligation Joint replacement Spinal fusion Back surgery Shoulder surgery Knee surgery Ankle surgery Vertebral fusion Laminectomy Hip surgery or replacement Knee replacement Other: _____

Family history Neck pain Lower back pain Alcohol abuse Substance abuse Cancer Heart disease Mental illness Bleeding problems Arthritis Other: _____

Functional Circle all the actions you are unable to perform without assistance
Dress Bathe Groom Toilet Walk Drive Perform sports

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Social history

Do you smoke? □ yes □ no How many packs per day? _____ For how long? _____

Do you use alcohol? □ no □ yes, socially □ yes, heavy consumption □ recovering alcoholic

Illicit drug use? □ no □ yes: _____

Diet and exercise habits _____

Marital status: □ married □ single □ divorced □ widowed

Describe your work: □ office □ heavy labor □ homemaker □ driver □ retired □ student

Do you drive yourself? □ yes □ no, because_____

Review of symptoms

Circle all the symptoms you are **currently** experiencing

Fatigue Fever Chills Night sweats Weight loss Weight gain Anxiety Excess sleeping Difficulty falling asleep Irritability Headache Sinus pain Migraine Chest pain Palpitations Increased heart rate Leg pain with exercise Limb swelling Snoring Difficulty breathing Shortness of breath Waking at night due to shortness of breath Cough Decreased appetite Anorexia Heartburn Nausea Vomiting Abdominal pain Diarrhea Constipation Muscle weakness Muscle aches Joint pain Joint swelling Joint stiffness Knee swelling Muscle cramps Dizziness Vertigo Fainting Confusion Memory loss Difficulty with balance Tingling Numbness Anxiety Depression