ARUL DORAISWAMY MD APC

1264 East Latham Ave, Hemet CA 92543 31515 Rancho Pueblo Road #203, Temecula CA 92592 (951)925-3600 • FAX (888)491-6419

INTAKE QUESTIONNAIRE

Date of Birth:

Today's date:

What is the name of your referring physician?

What is the name of you PCP?

Where is your most significant pain?

Where does your pain travel?

When did your pain begin? What was the inciting event, if any?

What medical problems do you have (heart problems, lung problems, diabetes, etc.)

What surgeries have you had (and what years did you have them)?

What **<u>pain medications</u>** are you taking (it is very important that you write the exact amount and dosing of these medications)?

Circle any of the following pain medications that you have tried in the past:

tramadol nucynta darvocet vicodin norco lortab percocet dilaudid morphine oxycontin methadone fentanyl patch lidoderm patches flector patches neurontin lyrica topamax elavil savella nortriptyline cymbalta SOMA flexeril baclofen skelaxin robaxin zanaflex anti-inflammatories (eg. ibuprofen)

What other **pain medications** have you tried in the past?

What **<u>non-pain medications</u>** are you taking (attach a list if necessary)?

What is your relationship status?Who do you live with?Are you currently working? \Box yes / \Box noWhat was/is your job?Do you have any family members who suffer from chronic pain? \Box yes / \Box no

 Family history of substance abuse (check each that applies):
 □ Alcohol
 □ Illegal drugs
 □ Rx drugs

 □ I have no family history of substance abuse

 Personal history of substance abuse (check each that applies):
 □ Alcohol
 □ Illegal drugs
 □ Rx drugs

 □ I have no personal history of substance abuse
 □ Alcohol
 □ Illegal drugs
 □ Rx drugs

 □ I have no personal history of substance abuse
 □ History of preadolescent sexual abuse

 □ ADD
 □ OCD
 □ Bipolar
 □ Schizophrenia
 □ Depression
 □ I do not have any of these psychological conditions

What questions do you have today?

Patient's Signature:_____ Date:_____