

**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

**Name:**

**Date of Birth:**

**Date of Service:**

**Have you been experiencing any of the following symptoms?**

Yes / No

- Fever, chills
- Wt.  loss  gain >10lbs
- Blurry vision
- Decreased hearing
- Sore throat
- Chest pain or palpitations
- Allergies? To what? \_\_\_\_\_

Yes/No

- Shortness of breath
- Weakness in  arms  legs
- Numbness in  arms  legs
- Problems walking or recent falls
- Stomach pain or nausea
- Bowel or bladder incontinence

Yes/No

- Constipation
- High blood sugars
- Easy bruising
- Swollen glands
- Depression
- Anxiety
- New rash or lesion

Allergic to:  Iodine or IV contrast  Latex

**Have you tried any of the following therapies?**

Yes / No

- Physical therapy
- Pool therapy
- TENS therapy
- Acupuncture
- Opiate analgesics

Yes / No

- Chiropractic manipulation
- Back or neck surgery
- Injections (Epidurals, facet blocks, joint injections, etc.)
- Pain management counseling or psychiatric therapy
- Non-opiate analgesics

**Where is your worst pain?** On the diagram to the right, shade in the area(s) that are painful.

Lower Back  Mid-back  Neck  Shoulder  Hip  Knee

Other: \_\_\_\_\_

**Quality of pain:**  Aching  Throbbing  Shooting  Burning  
 Uncomfortable  Dull  Radiating  Sharp  Cramping

**Timing of pain:**  Constant  Intermittent

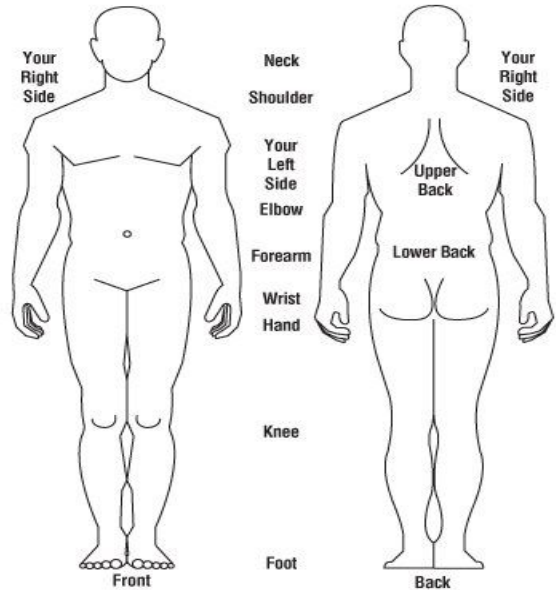
**Average pain level:**  
 1  2  3  4  5  6  7  8  9  10

**Average pain level when TAKING opioid pain medications:**  
 1  2  3  4  5  6  7  8  9  10  N/A

**Average pain level when NOT TAKING opioids:**  
 1  2  3  4  5  6  7  8  9  10

**Activity level when TAKING opioids (1 = bedridden, 10 = unlimited):**  
 1  2  3  4  5  6  7  8  9  10  N/A

**Activity level when NOT TAKING opioids (1 = bedridden, 10 = unlimited):**  
 1  2  3  4  5  6  7  8  9  10



- What makes your pain better:**  Rest  Ice pack  Heat  Medication  Exercise  Stretching
- What makes your pain worst:**  Sitting  Bending  Standing  Lying down  Lifting  Walking

**Are you having trouble sleeping due to pain?**

- Yes  No

**Do you Smoke?**

- Yes  No

**Do opioid pain medications improve the quality of your sleep?**

- Yes  No  N/A

**Are you using illegal street drugs?**

- Yes  No

**Are you currently working?**

- Yes  No

**What blood thinners are you taking?**  NONE  COUMADIN  PLAVIX  PRADAXA  XARELTO

AGGRENOX  CILOSTAZOL  TICLID  EFFIENT  BRILINTA  APIXABAN  OTHER \_\_\_\_\_

Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_