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INTAKE QUESTIONNAIRE

Name: _____ **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 **pain medications** 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 **non-pain medications** are you taking (attach a list if necessary)? _____

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

Have you ever filed a workers' compensation claim? yes / no _____
If yes, what was the work-related injury? _____
Is the claim still active? yes / 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

Do you have any of the following (check each that applies): 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: _____