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INTAKE QUESTIONNAIRE

Name: _____ **Date of Birth:** _____ **Today's date:** _____

What is the name of the physician who referred you to us?

What is the name of your primary care physician?

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 marital status?

Who do you live with?

Are you currently working? yes / no What was/is your job?

Do you drink alcohol? yes / no How much and how often?

Have you ever had addiction issues in the past? yes / no If yes, what were you addicted to?

Do you have any family members who suffer from chronic pain? yes / no

What questions do you have today?

Patient's Signature: _____ Date: _____