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Name: **Date of Birth:** **Date of Service**:

Are you experiencing any of the following symptoms?

Yes / No	Yes/No	Yes/No
❒❒ Fever, chills	❒❒ Shortness of breath	❒❒ Constipation
❒❒ Wt. ❒loss ❒ gain >10lbs	❒❒ Weakness in ❒arms ❒legs	❒❒ High blood sugars
❒❒ Blurry vision	❒❒ Numbness in ❒arms ❒legs	❒❒ Easy bruising
❒❒ Decreased hearing	❒❒ Problems walking or recent falls	❒❒ Swollen glands
❒❒ Sore throat	❒❒ Stomach pain or nausea	❒❒ Depression
❒❒ Chest pain or palpitations	❒❒ Bowel or bladder incontinence	❒❒ Anxiety
❒❒ Allergies? To what? _____		❒❒ New rash or lesion

Allergic to: ❒Iodine or IV contrast ❒ Latex ❒ I am not allergic to Iodine, IV contrast, or Latex

Please check if you have tried any of the following in the last year?

Yes / No	Yes / No
❒❒ Physical therapy	❒❒ Chiropractic manipulation
❒❒ Pool therapy	❒❒ back or neck surgery
❒❒ TENS therapy	❒❒ Injections (Epidurals, facet blocks, joint injections, etc.)
❒❒ Acupuncture	❒❒ Pain management counseling or psychiatric therapy
❒❒ Opiate analgesics	❒❒ Non-opiate analgesics

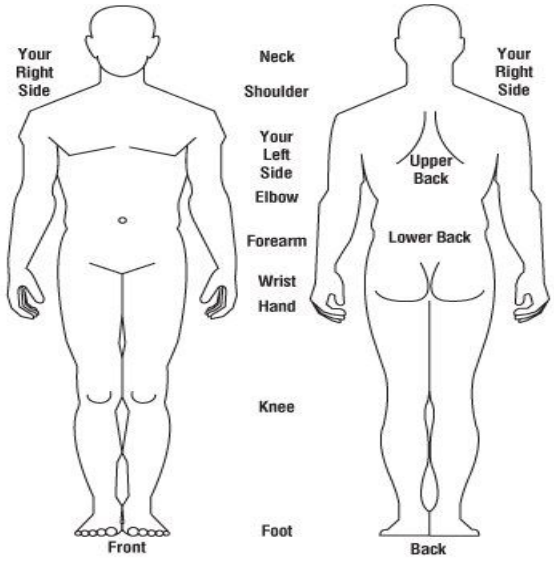
Where is your worst pain? On the diagram to the right, shade in the areas(s) that are painful.
❒Lower Back Mid-back ❒Neck Shoulder ❒Hip ❒Knee
Other: _____

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 opioid pain medications improve the quality of your sleep?
❒ Yes ❒ No ❒ N/A

Do you Smoke? ☐ Yes ❒ No
Are you using illegal street drugs? ❒ Yes ❒ No
Are you currently working? ❒ Yes ❒ No

Are you on blood thinners? ☐ Yes ❒ No
If yes, which blood thinners are you taking? ❒COUMADIN ❒PLAVIX ❒PRADAXA ❒XARELTO
❒AGGRENOX CILOSTAZOL ❒TICLID EFFIENT ❒BRILINTA ❒APIXABAN ❒OTHER _____

What pain medications are you taking? _____

Patient's Signature: _____ Date: _____