

HEMET PAIN & WELLNESS INSTITUTE
1264 East Latham Ave, Hemet CA 92543
28975 Old Town Front Street #200, Temecula CA 92590
(951)925-3600 • FAX (888)491-6419

INTAKE QUESTIONNAIRE

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

What is the name of your referring physician? _____ What is the name of your 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 body part(s) were accepted on the claim? _____

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: _____