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: _____

HEMET PAIN & WELLNESS INSTITUTE • ARUL DORAISWAMY, M.D., APC

1264 East Latham Ave, Hemet CA 92543
28975 Old Town Front Street, Suite #200, Temecula CA 92590
(951) 925-3600 • Fax (888) 491-6419

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?

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

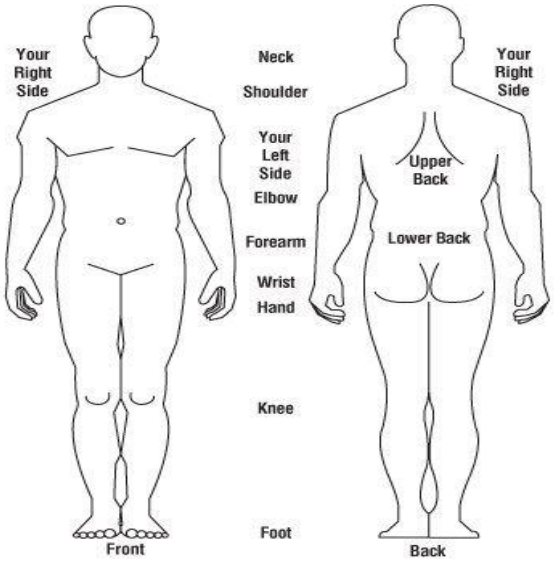
Where is your worst pain? On the diagram to the right, shade in the areas(s) that are painful.
❒Lower Back ❒Mid-back ❒Neck ❒Shoulder ❒Hip ❒Knee
Other: _____

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 worse: ❒ 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/ELIQUIS ❒OTHER _____

What pain medications are you taking? _____

Email Address: _____ **Best Contact Number**: _____ **Has your insurance changed?** ❒ Yes ❒ No

Patient's Signature: _____ Date: _____