Name:
Chart:
Date:

Initial Consultation Intake Sheet

Patient Information

Name: _____

Address: _____

_____

Phone: _____

Age: _____ Birthday _____

Who is your requesting or primary care physician?

Name: _____

_____

_____

Phone: _____

☐ I referred myself.

Is your condition WORK related? ☐ Yes ☐ No If yes, what was the date of your injury? _____

Are there LEGAL Actions pending? ☐ Yes ☐ No

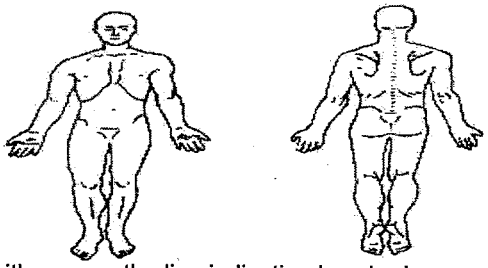
Is this under WORKER'S COMPENSATION? ☐ Yes ☐ No

Are you working now? ☐ Yes ☐ No

What is your reason for your visit today? _____

Using the appropraite symbols, mark on the body diagram where you feel the following sensations:

Numbness	Pins & Needles	Burning	Stabbing	Aching
===	ooo	xxx	///	***



Physicians Notes:

Please mark with an x on the line indicating how bad your pain is now:

No Pain ------1------2------3------4------5------6------7------8------9------10 Worst

How long have you noticed pain? _____ Days _____ Weeks _____ Months _____ Years

Was there any Injury/event that caused your pain? ☐ No ☐ Yes (please describe below):

_____

What makes your pain worse?

_____

What makes your pain better?

_____

How does the pain limit you?

_____

Do you have any new bowel or bladder problems? ☐ No ☐ Yes (please describe below):

_____

Name:
Chart:
Date:

What TESTS have you had related to this condition and when? Date

☐ MRI _____ _____
☐ x-ray _____ _____
☐ CAT Scan _____ _____
☐ EMG/NCS _____ _____
☐ bone scan _____ _____
☐ blood/laboratory _____ _____

Have you had SURGERY on your back / neck? ☐ No ☐ Yes Date
If yes, what type and when?

_____ _____
_____ _____

Have you had any INJECTIONS and when? ☐ No ☐ Yes Date

☐ Epidurals _____ _____
☐ Facet Blocks _____ _____
☐ Other _____ _____

What other TREATMENTS have you tried?

☐ Physical therapy ☐ Massage ☐ Heating pad ☐ Ice ☐ TENS
☐ Acupuncture ☐ Chiropractor
☐ Other: _____

What MEDICATIONS have you previously tried for pain or treatment? Circle all that apply.

☐ **Anti-Inflamatories**
Celecoxib (*Celebrex*)
Meloxicam (*Mobic*)
Ibuprofen (*Motrin, Advil ,Nuprin*)
Naproxen (*Naprosyn*, *Alleve*, *Anaprox*)
Aspirin (*Ecotrin*, *Bayer*, *ASA*)
Salsalate (*Salflex*)
Prednisone / Medrol Pack

☐ **Pain Medication**
Acetaminophen (*Tylenol*)
Tramadol (*Ultram*)
Acetaminophen/Tramadol (*Ultracet*)

☐ **Muscle Relaxants**
Tizanidnine (*Zanaflex*)
Cyclobenzaprine (*Flexeril*)
Carisoprodol (*Soma*)
Baclofen
Skelaxin

☐ **Narcotics**
Tylenol/codeine
Darvocet (*Propoxyphene*)
Hydrocodone/Acetaminophen (*Vicodin*)
Oxycodone/ Acetaminophen (*Percocet*)
Oxycodone (*Oxycontin*)
Fentanyl Patch (*Duragesic Patch*)
Actiq

☐ **Anti-Depressants**
Amitriptyline (*Elavil*)
Nortryptiline (*Pamelor*)
Fluoxetine (*Prozac*)
Sertraline (*Zoloft*)
Celexa / Effexor
Trazadone Remeron

☐ **Other Medications Used for Pain**
Gabapentin (*Neurontin*)
Zonisarmide (*Zonegran*)
Topiramate (*Topamax*)
Flector Patch
Lidocaine Patch (*Lidoderm*)
Capsacian Cream
Lidocaine Jelly

Other Medication Tried for Pain: _____