

DOB: \_\_\_\_\_

INSURANCE: \_\_\_\_\_

**NEW PMR & INTERVENTIONAL PAIN MANAGEMENT INTAKE QUESTIONNAIRE**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

What is the reason for the visit? \_\_\_\_\_

Referring Physician: \_\_\_\_\_

Please circle your current pain level **0 1 2 3 4 5 6 7 8 9 10**

Please circle your highest pain level over the past week **0 1 2 3 4 5 6 7 8 9 10**

Please circle your lowest pain level over the past week **0 1 2 3 4 5 6 7 8 9 10**

How long has this been going on? \_\_\_\_\_

Was it gradual, sudden, or caused by an accident? \_\_\_\_\_

How did your pain begin? \_\_\_\_\_

Does the pain/discomfort go into the arms or legs? Which ones? \_\_\_\_\_

Is the pain constant or intermittent? \_\_\_\_\_

If pain/discomfort goes into the arms or legs, is there numbness, tingling, or weakness? \_\_\_\_\_

If yes, have you seen a Neurologist OR had an EMG (nerve conduction study)? If so, when and with who?

If your pain is in your joints, have you seen/are you seeing a Rheumatologist? If so, who?

Have you seen a Pain Management physician before? If so, who, and why did you leave?

Are you currently taking any medications to treat your pain? If yes, what medications?

Please mark the figure to the right with the location

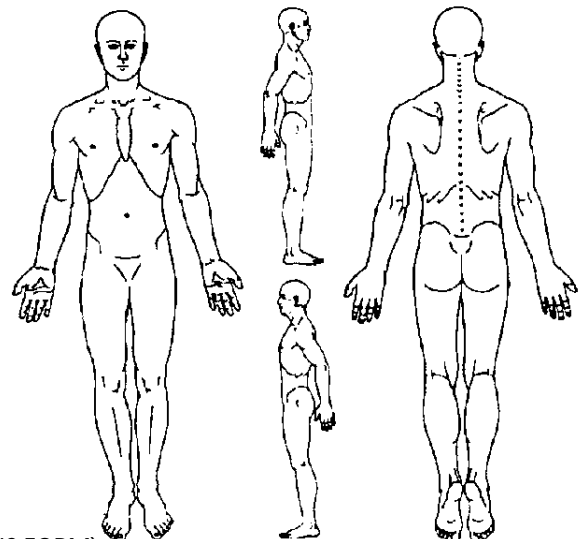
of your symptoms as a result of this pain:

**Pain= X Numbness/Tingling= #**

Would you **describe the pain** as: please circle all that apply:

BURNING SHARP ACHING THROBBING SHOOTING OTHER: (DESCRIBE)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Is the pain getting worse, better, or the same? \_\_\_\_\_

What makes it worse (examples- lifting, bending, sitting, walking)? \_\_\_\_\_

What makes it better (examples- resting, sitting, standing, nothing)? \_\_\_\_\_

Have you: (please circle yes/no)

YES NO Lost control of your bladder because of this? Explain \_\_\_\_\_

YES NO Had prior x-rays, CT, MRI, or bone scans for this? Explain \_\_\_\_\_

YES NO Had previous surgery for this problem (what type)? Explain \_\_\_\_\_

YES NO Had any injections for this? Explain \_\_\_\_\_

When? \_\_\_\_\_ Did they help? \_\_\_\_\_

Where? (Dr's Name/Number) \_\_\_\_\_

What other conservative treatments have you tried?

Physical Therapy/exercise

TENS unit

Narcotic Medications

Cast

Massage/Ultrasound

Traction

Anti-Inflammatories

Boot

Manipulation

Cane/Walker

Orthotics

Acupuncture

Chiropractor