Kansas Center for Pain Relief

Name: _____ DOB: _____ Date _____

Height: _____ Weight: _____

What is your problem for which you are seeking treatment? (Chief Complaint)_____

When did your pain start? _____ Year/Month

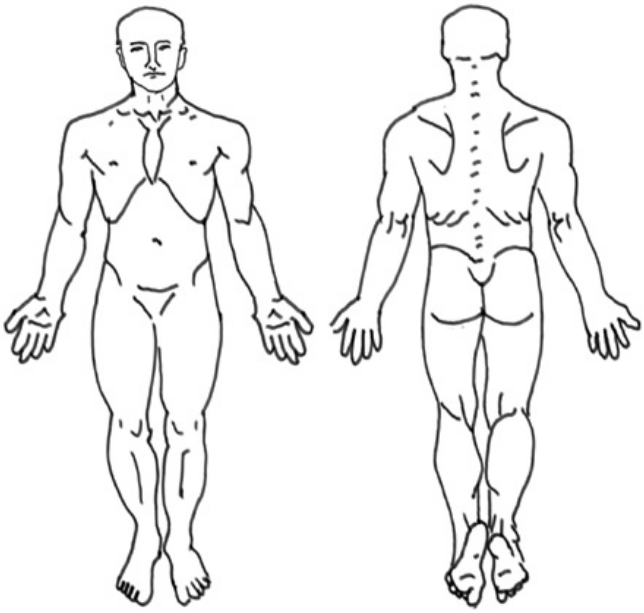
Is this a work related injury (Workers compensation)? [ ] Yes [ ] No
Is this an automobile related injury? [ ] Yes [ ] No

Pain is described as:

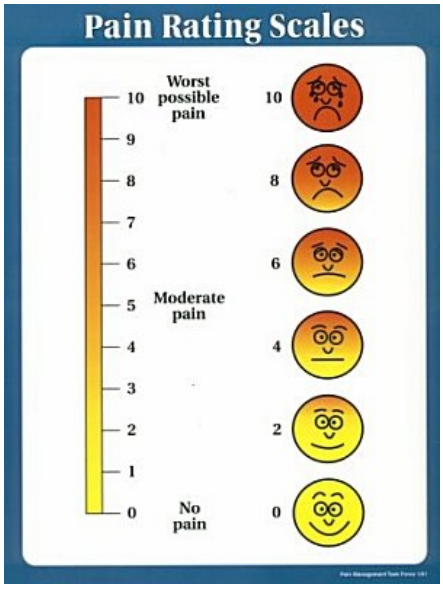
Aching [ ] Yes [ ] No	Spasm [ ] Yes [ ] No	Tender [ ] Yes [ ] No
Burning [ ] Yes [ ] No	Stabbing [ ] Yes [ ] No	Throbbing [ ] Yes [ ] No
Numbing [ ] Yes [ ] No	Stinging [ ] Yes [ ] No	Tingling [ ] Yes [ ] No

Other _____

Where is your pain located:



What is your pain score:



Pain typically at (0-10) _____
Pain at best (0-10) _____
Pain at worst (0-10) _____
Pain is [ ] Constant [ ] Irregular

Name: _____ DOB: _____

Factors that increase pain:
[ ] Lying down [ ] Sitting
[ ] Lifting [ ] Walking
[ ] Standing [ ] Position of limb
[ ] Coughing/Sneezing [ ] Ice
[ ] Noise [ ] Light [ ]Others_____

Factors that decrease pain:
[ ] Analgesics [ ] Physical Therapy
[ ] Heat [ ] Position change
[ ] Elevation of limb
[ ] Ice [ ]Rest [ ]Massage
[ ]Others_____

Are there associated swelling or color changes? [ ] Yes [ ] No
If yes, explain: _____

Is there bowel dysfunction [ ] Yes [ ] No Is there bladder dysfunction [ ] Yes [ ] No
If yes, explain: _____

Previous tests for your pain (blood test, x-rays, MRIs, etc.) _____

_____

Previous Conservative Treatments

[ ] Rest [ ] Elevation [ ] Stretching [ ] Physical Therapy
[ ] Chiropractic care [ ] Acupuncture [ ] TENS [ ] Medications
[ ] Prescription pain relievers (list) _____
[ ] Muscle relaxants [ ] Topical therapies [ ] NSAID's [ ] Ice
[ ] Over the Counter (OTC)
[ ] Aspirin or Tylenol [ ] Advil/Ibuprofen/Aleve [ ] Naproxen

Previous injections for your pain: _____

_____

Previous surgery for your pain: _____

_____