



**Orthopaedic Specialty Group, PC**  
Interventional Pain Medicine

**Medical Intake**

Patient: \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_ Date: \_\_\_\_\_  
Sex:  Male  Female Race: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Insurance Co: \_\_\_\_\_ Policy # \_\_\_\_\_  
Workers Comp:  Y  N Auto Accident:  Y  N Other Accident: \_\_\_\_\_  
Referred By: \_\_\_\_\_ Family Doctor:  Y  N Chiropractor: \_\_\_\_\_  
Describe your pain problem: \_\_\_\_\_  
When did the pain start? \_\_\_\_\_ Did anything cause the pain? \_\_\_\_\_  
Is the pain getting:  Better  Worse  Staying the same? Is the pain:  Constant  Intermittent?  
Is the pain worse at any particular time? \_\_\_\_\_  
Quality of pain:  Aching  Knifelike  Burning  Throbbing  Shooting  Cramping  Stabbing  
Where is the pain located and does it travel anywhere? \_\_\_\_\_

What makes the pain worse?  sitting  standing  walking  driving  most physical activity  coughing, sneezing  
 bowel movements  cold or damp weather  stress  bending forward  
 bending backward  sexual activity  working other: \_\_\_\_\_

What makes the pain better?  sitting  standing  walking  exercise  lying down  rest  relaxing  other  
 medication (please list) \_\_\_\_\_

Is your pain associated with  numbness  tingling, pins and needles  weakness  coldness  bowel problems  
 bladder problems  increased sweating  muscle spasm, tightness  skin discoloration  
 swelling  warmth other: \_\_\_\_\_

What treatments have you had for your pain?  physical therapy  medication  exercise  chiropractor  psychotherapy  surgery  
 nerve blocks  epidurals  cortisone injections  trigger point injections  Botox  
other: \_\_\_\_\_

What tests have you had for your pain?  X-rays  MRI  CAT scan  EMG  bone scan  discogram  myelogram  
other: \_\_\_\_\_  
Findings (*Physician to fill in*): \_\_\_\_\_

If any members of your family have had a pain or medical problem please list relation and type of problem: \_\_\_\_\_  
\_\_\_\_\_

Marital Status:  Married  Divorced  Single  Widowed Ages of children: \_\_\_\_\_

With whom do you live? \_\_\_\_\_ Occupation: \_\_\_\_\_

Are you currently working?  Y  N If no, when did you last work? \_\_\_\_\_

If yes, are you working:  Full time  Part time  Light duty (*List restrictions*) \_\_\_\_\_

Are you receiving worker comp?  Y  N Are you suing because of your pain?  Y  N

Is your sleep:  Good  Fair  Poor Are you depressed?  No  Mild  Moderate  Severe

Do you smoke cigarettes?  Y  N \_\_\_\_\_ Packs/Day Do you drink alcohol?  No  Occ.  Mod.

Any past history of drug or alcohol problems?  Y  N Describe: \_\_\_\_\_

List all past hospitalizations not for surgery: \_\_\_\_\_

List all surgical operations you have had: \_\_\_\_\_



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Have you ever had the following problems? (*check all that apply*)

**Constitutional** \_\_\_None

- \_\_\_ recurrent fever
- \_\_\_ fatigue
- \_\_\_ cancer
- \_\_\_ weight loss \_\_\_\_\_ lbs, over how long?
- \_\_\_ weight gain \_\_\_\_\_ lbs, over how long?

**Hematologica/Lymphatic** \_\_\_None

- \_\_\_ blood coagulation problems
- \_\_\_ easy bleeding or bruising
- \_\_\_ anemia
- \_\_\_ on blood thinners
- \_\_\_ swollen gland

**Musculoskeletal** \_\_\_None

- \_\_\_ joint swelling, where: \_\_\_\_\_
- \_\_\_ joint pain, where: \_\_\_\_\_
- \_\_\_ arthritis, where: \_\_\_\_\_
- \_\_\_ fibromyalgia
- \_\_\_ osteoporosis
- \_\_\_ back pain
- \_\_\_ neck pain
- \_\_\_ other pain: \_\_\_\_\_

**Neurologic** \_\_\_None

- \_\_\_ stroke
- \_\_\_ epilepsy, seizures
- \_\_\_ fainting or dizzy spells
- \_\_\_ recurrent headaches
- \_\_\_ balance problems

**Gastrointestinal** \_\_\_None

- \_\_\_ hepatitis, jaundice, liver disease
- \_\_\_ ulcers, other stomach problems
- \_\_\_ frequent heartburn
- \_\_\_ bowel problems
- \_\_\_ other: \_\_\_\_\_

**Genitourinary** \_\_\_None

- \_\_\_ bladder or kidney problems
- \_\_\_ kidney stones
- \_\_\_ blood in urine
- \_\_\_ discharge from urethra/penis
- \_\_\_ other: \_\_\_\_\_

Reviewed by M.D. / Date

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

**Skin** \_\_\_None

- \_\_\_ skin rash
- \_\_\_ skin ulcers
- \_\_\_ lumps

**Ear/Nose/Throat** \_\_\_None

- \_\_\_ hearing loss
- \_\_\_ ringing in the ears
- \_\_\_ hoarseness
- \_\_\_ other: \_\_\_\_\_

**Cardiovascular** \_\_\_None

- \_\_\_ heart disease
- \_\_\_ chest pain
- \_\_\_ heart attack
- \_\_\_ varicose veins
- \_\_\_ heart murmur
- \_\_\_ ankle swelling
- \_\_\_ high cholesterol
- \_\_\_ poor circulation
- \_\_\_ high blood pressure
- \_\_\_ mitral valve prolapse
- \_\_\_ other: \_\_\_\_\_

**Psychiatric** \_\_\_None

- \_\_\_ depression
- \_\_\_ anxiety, nervousness
- \_\_\_ sleep disorder
- \_\_\_ other: \_\_\_\_\_

**Allergies** \_\_\_None

- (*please list below*)
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Medications** (*please list dosages and frequency taken*)

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

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

**Eyes** \_\_\_None

- \_\_\_ blurred vision
- \_\_\_ double vision
- \_\_\_ cataracts
- \_\_\_ other: \_\_\_\_\_

**Immunologic** \_\_\_None

- \_\_\_ HIV
- \_\_\_ Lupus
- \_\_\_ other: \_\_\_\_\_

**Respiratory** \_\_\_None

- \_\_\_ bronchitis
- \_\_\_ asthma
- \_\_\_ emphysema
- \_\_\_ recurrent cough
- \_\_\_ pneumonia
- \_\_\_ tuberculosis
- \_\_\_ other: \_\_\_\_\_

**Endocrine** \_\_\_None

- \_\_\_ diabetes, treated with:
- \_\_\_ insulin
- \_\_\_ medication
- \_\_\_ diet
- \_\_\_ thyroid disease
- \_\_\_ overactive
- \_\_\_ underactive