

- Does the pain radiate anywhere ("shooting down" or "shooting Up")

- When did the pain Start _____ Previous Injury : ___ Work related ___ Auto Accident
- How did the pain Start ___ Work Related ___ Auto Accident ___ Athletic Injury
___ Injury at Home ___ Other _____
- Please, describe your pain _____
___ Dull ___ Aching ___ Sharp ___ Heavy ___ Burning ___ Stabbing ___ Throbbing ___ "Pins and
Needles"
- How often is your pain present? ___ Occasional ___ Frequent ___ Constant
- Worst time of day? ___ Morning ___ Afternoon ___ Evening ___ Night ___ All the time
- Numbness anywhere? _____
- Weakness anywhere? (Right leg, Right arm, Both legs...) _____
- Any color change or temperature change? _____
- Any swelling? _____
- What makes symptoms worse /exacerbate? _____
___ Walking ___ Standing ___ Lying down ___ Sitting ___ Bending forward ___ Bending
backward
___ Coughing ___ Bowel movement ___ Cold weather ___ Hot weather ___ Rainy day ___ Lifting
objects
- What makes the symptoms better? _____
___ Heat ___ Ice ___ Resting ___ Massage ___ Exercise ___ Sitting ___ Lying down ___ TENS Unit
___ Physical therapy ___ "Injections" ___ Sleeping ___ Medication (Names)

- Sleeping : ___ Well ___ Okay ___ Terrible ___ 2hrs ___ 4hrs ___ 6hrs ___ 8hrs
___ >10hrs
- How often do you wake up at night? ___ 0 ___ 1 ___ 2 ___ 3 ___ 4 ___ >5 times.
- What is a goal you wish to achieve with treatment? _____
- Previous Treatments:
___ Medications: _____
___ Chiropractor: Dr. _____
___ Physical Therapy: Date of Last _____ Duration

___ Acupuncture ___ Botox ___ TENS Unit



*The Pain
Management Center*

A PROSPIRA PAINCARE CENTER OF EXCELLENCE

___ Other (Psychotherapy, Biofeedback, Meditation, Yoga, Swimming)

___ Injections: ___ Epidural: Dr. _____

___ Facet: Dr. _____

___ Nerve block: Dr. _____

___ Joints: Dr. _____

___ Other _____