

PATIENT FORM NEW PATIENT/NEW COMPLAINT HPI

PAIN IS LOCATED PRIMARILY IN THE (PLEASE CHOOSE ONLY 1):

HEAD NECK SHOULDER UPPER BACK MID BACK LOWER BACK ARM
 LEG BUTTOCK PELVIS/GROIN MULTIPLE JOINTS HIPS KNEES
 FOOT HAND OTHER _____

ONSET:

PAIN STARTED ON: (EXACT DATE): _____ OR
ABOUT _____ DAYS _____ WEEKS _____ MONTHS _____ YEARS AGO

CAUSATION:

PAIN RESULT OF ACCIDENT/INJURY? YES NO DATES: _____

PAIN RESULT OF AN ILLNESS? YES NO DATES: _____

DETAILS:

PAIN RADIATION:

THE PAIN RADIATES OR IS REFERRED TO THE:

HEAD SHOULDER ARMS BUTTOCK LEGS GROIN/PELVIS
 OTHER _____

SEVERITY:

AVERAGE PAIN LEVEL

0 _____ 10

LEAST PAIN LEVEL IN THE LAST 2 WEEKS

0 _____ 10

WORST PAIN LEVEL IN THE LAST 2 WEEKS

0 _____ 10

COURSE:

PAIN HAS BEEN

- GETTING BETTER GETTING WORSE STAYING THE SAME
GRADUALLY INCREASING GRADUALLY DECREASING

FREQUENCY:

PAIN IS:

- CONTINUEOUS AND CONSTANT CONTINUEOUS BUT VARIABLE
INTENSITY INTERMITTENT OCCASIONAL DAILY MANY
TIMES EVERY DAY SEVERAL TIMES EVERY WEEK RARE

QUALITY:

PAIN IS:

- BURNING SHOOTING THROBBING ACHING STABBING
SHARP DULL ELECTRICAL

ASSOCIATED SYMPTOMS:

**OTHER THAN PAIN THE FOLLOWING SYMPTOMS ARE ASSOCIATED
WITH THE PAIN:**

- NUMBNESS WEAKNESS TINGLING SWELLING
MUSCLE SPASMS SENSITIVE SKIN IN THE PAINFUL AREA
DISCOLORATION IN THE PAINFUL AREA

AGGRAVATING FACTORS:

THE FOLLOWING FACTORS INCREASE THE PAIN

- COLD HEAT WEATHER CHANGES PHYSICAL ACTIVITY
COUGHSNEEZE MOVEMENT SITTING LYING DOWN
STANDING BOWEL MOVEMENT STRESS WALKING
EXERCISE WORK UNAWARE OF ANYTHING OTHER _____

THE FOLLOWING FACTORS RELIEVE THE PAIN

- COLD HEAT PHYSICAL ACTIVITY WALKING LAYING DOWN
RESTEXERCISE WORKTHERAPY MEDICATIONS RELAXATION
UNAWARE OF ANYTHING OTHER _____

EFFECT OF PAIN ON SLEEP:

THE PAIN HAS A: LOW/MEDIUM/HIGH ADVERSE EFFECT ON SLEEP

EFFECT OF PAIN ON ABILITY TO WORK

THE PAIN HAS A: LOW/MEDIUM/HIGH ADVERSE EFFECT ON ABILITY
TO WORK

EFFECTIVE OF PAIN ON RECREATION/HOBBIES

THE PAIN HAS A: LOW/MEDIUM/HIGH ADVERSE EFFET ON ABILITY
TO PARTICIPATE IN RECREATION OR HOBBIES

EFFECT OF PAIN ON RELATIONSHIPS

THE PAIN HAS A: LOW/MEDIUM/HIGH ADVERSE EFFECT ON
ABILITY TO MAINTAIN HEALTHY RELATIONSHIPS

PREVIOUS TREATMENTS:

**THE FOLLOWING TYPES OF MEDICATIONS HAVE BEEN TRIED WITH
SOME BENEFIT**

- NON-PRESCRIPTION
- ANTI-INFLAMMATORY
- OPIATES
- MUSCLE REALXAERS
- ANTI-DERESSANTS
- ANTI-CONVULSANTS
- OTHER_____

PREVIOUS PAIN MANAGEMENT PRACTICE

NAME OF PRACTITIONER: <ROOM TO TYPE>

DATES FROM::_____UNTIL:_____

**TBE FOLLOWING TYPES OF THERAPIES HAVE BEEN TRIED WITH SOME
BENEFIT**

- PHYSICAL THERAPY
- CHIROPRACTIC

- OSTEOPATHIC
- OCCUPATIONAL
- ACUPUNCTURE
- TENS
- MASSAGE
- PSYCHOLOGICAL COUNSELING
- COGNITIVE BEHAVIORAL THERAPY
- OTHER _____

THE FOLLOWING PSYCHOLOGICAL TECHNIQUES HAVE BEEN TRIED WITH SOME BENEFIT

- COUNSELING HYPNOSIS BIOFEEDBACK
- OTHER _____

THE FOLLOWING INTERVENTIONAL THERAPIES HAVE BEEN TRIED WITH SOME BENEFIT

- NERVE BLOCKS EPIDURAL INJECTIONS
- STIMULATOR OR PUMP PROLOTHERAPY
- OTHER _____

THE FOLLOWING ARE THE SPECIFIC FUNCTIONAL GOALS OF TREATMENT

- RETURN TO WORK INCREASE SOCIALIZATION WITH OTHERS
- IMPROVE WALKINGIMPORVE DAILY ACTIVIIITES
- IMPROVE SLEEPPARITICPATE IN SPORTSPARTICIPATE IN HOBBIES
- OTHER _____