

ESTABLISHED PATIENT PAIN QUESTIONNAIRE

(PLEASE FILL OUT THIS QUESTIONNAIRE AND BRING IT WITH YOU TO YOUR FIRST APPOINTMENT)

Date: _____

Name: _____

Date of Birth: _____

Age: _____

Height: _____

Weight: _____

Chief Complaint (What pain brings you here today)

Please describe your pain today

When did you first notice your pain? (month) _____

(year) _____

Since last visit have you had any relief. ☐ No ☐ Yes If yes, how much _____

Any new pain _____

Any complications. Since your last visit ☐ No ☐ Yes If yes, please explain _____

Have you seen increase in function, Since last treatment ☐ No ☐ Yes If yes, please explain _____

Any change in medical condition ☐ No ☐ Yes If yes, please explain _____

Any ER visit or Urgent care, Since last visit ☐ No ☐ Yes If yes, please explain _____

Have you taken extra medication, Since last visit ☐ No ☐ Yes If yes, please explain _____

Any new lab / diagnostic test, Since last visit ☐ No ☐ Yes If yes, please explain _____

Do you have any related symptoms?

Numbness ☐ No ☐ Yes, where? _____

Weakness ☐ No ☐ Yes, where? _____

Tingling ☐ No ☐ Yes, where? _____

Pins and needles ☐ No ☐ Yes, where? _____

Pain Intensity

On a scale 0-10 (with 0 representing no pain and 10 with the most severe pain), rate your pain

Least pain on average day _____

Worst pain on average day _____

Wisconsin Spine and Pain

Review of Systems: (circle the words that best describe your history):

General: fever, fatigue, weight loss, loss of appetite, weakness, sedation, HIV / AIDS

Eyes: Decreased vision, use of corrective glasses / contact lens, dryness, other _____

ENT: Decreased hearing, difficulty swallowing, hoarseness, sinus problems, ringing in the ears

Cardiovascular: High blood pressure, Chest pain, palpitations, shortness of breath, pace maker, Poor circulation,
easy bleeding / bruising, usage of blood thinner, other _____

Respiratory: Asthma, COPD, bronchitis, cough other _____

Gastrointestinal: Nausea, vomiting, constipation, IBS, Crohn's disease, abdominal pain Diarrhea, change in bowel habits,
other _____

Musculoskeletal: neck pain, low back pain, joint pain _____

Skin: Rashes, lumps _____ other skin condition _____

Neurologic: Anxiety disorder, mental disturbance, seizures/epilepsy, weakness, paralysis, Memory loss, fainting spells,
dizziness, panic attacks, loss of bowel / bladder control

Genitourinary system: Pregnant, Incontinence, urgency, hematuria, decrease in libido

Endocrine: Diabetes Mellitus, under / over functioning thyroid, intolerance to heat / cold

Psyche: Attention deficit disorder, bipolar, Schizophrenia, Obsessive compulsive disorder.