

Center for Interventional Pain Spine LLC  
REVISIT FORM

Name: \_\_\_\_\_

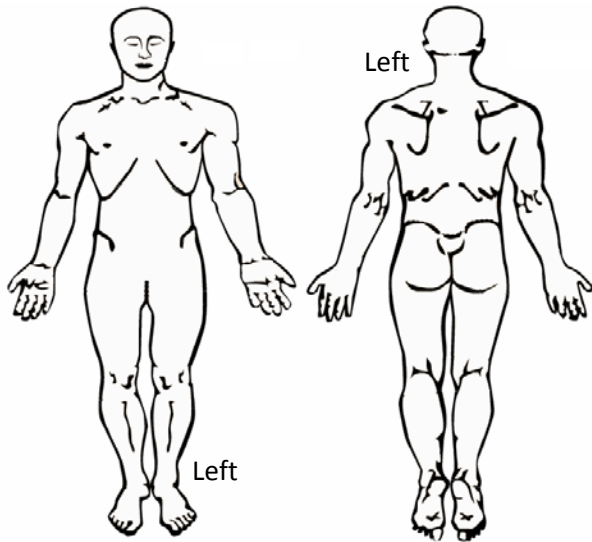
BP: \_\_\_\_\_/\_\_\_\_\_ HR: \_\_\_\_\_

Date: \_\_\_\_\_

Wt: \_\_\_\_\_ Ht: \_\_\_\_\_

Temp: \_\_\_\_\_

**Location of pain:** Please **shade** your area of pain



Please check what describes your pain:

- aching       throbbing       dull       sharp       stabbing  
 shooting       burning       other: \_\_\_\_\_

Please check if you have associated symptoms:

- numbness     tingling       muscle spasm     weakness  
 bowel or bladder incontinence     pins and needles

Is this your  Usual Pain or  New Pain?

Indicate the one NUMBER between 0-10 that best describes your pain:

No pain		moderate pain				severe pain		unbearable		
0	1	2	3	4	5	6	7	8	9	10
_____										

\_\_\_\_\_ Pain at its worst      \_\_\_\_\_ Pain at its least  
\_\_\_\_\_ Average pain      \_\_\_\_\_ Pain now

If you had an injection, did it help? 50% or more \_\_\_\_\_

Medication for refill: \_\_\_\_\_

Any side effects from medications? \_\_\_\_\_

Is medication helping? How much? \_\_\_\_\_

**Review of systems**

**General**

- fatigue  
 fever  
 weight loss/gain

**Eyes**

- vision loss

**Head/Ears/Nose/Throat**

- hearing loss  
 nose bleed  
 sore throat

**Cardiovascular**

- chest pain  
 palpitations

**Respiratory**

- cough  
 shortness of breath

**Gastrointestinal**

- vomiting blood

**Genitourinary**

- loss of bladder control

**Musculoskeletal**

- joint pain/swelling  
 spasms  
 weakness

**Skin**

- color changes

**Neurological**

- paralysis  
 seizures

**Psychiatric**

- depressed mood  
 hallucination

**Endocrine**

- elevated blood sugar

**Hematology/Lymphatic**

- bleeding  
 bruising

What worsens your pain?  coughing  straining       standing       bending       walking       sitting  
 driving  touch  cold       other: \_\_\_\_\_

What helps your pain?  rest  cold  warmth       sitting  standing  medication  other: \_\_\_\_\_

Physician Notes Only