

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: \_\_\_\_\_

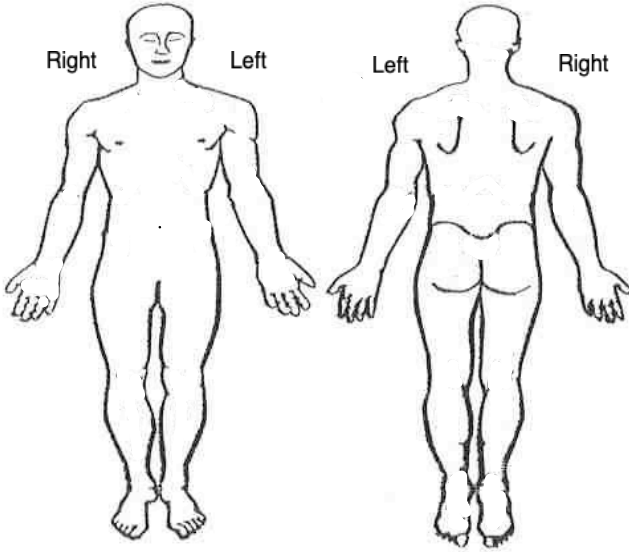
Please check if you have associated symptoms:

- 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:

	<i>No pain</i>		<i>moderate pain</i>		<i>severe pain</i>		<i>unbearable</i>			
0	1	2	3	4	5	6	7	8	9	10
	/10	Pain at its worst				/10	Pain at its least			
	/10	Average pain				/10	Pain now			



If you had a procedure at your last visit, did it provide 50% or more relief? \_\_\_\_\_ Please specify % relief \_\_\_\_\_

Please name medication(s) due for refill today \_\_\_\_\_

Please indicate the % relief your medication brings and for how long \_\_\_\_\_

Any side effects from medication(s)? \_\_\_\_\_

Is there a chance that you may be pregnant? \_\_\_\_\_

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