Oracle Pain Clinic Patient History

Patient:____________________________ **DOB:**___/___/___ **Age**:______

Referring physician:________________________ **PCP**:___________________

Home Phone:____-_____-____ **Cell Phone**:____-____-____

Has your address changed: YES NO

Reason for visit:____

Location of pain: HEAD NECK R ARM L ARM MID-BACK LOW BACK LT. LEG RT. LEG
OTHER_________________________________

Where is the pain worse: HEAD NECK R ARM L ARM MID-BACK LOW BACK L LEG R LEG
OTHER__________________________________

Progress of Pain: SAME BETTER WORSE

Quality of pain: BURNING THROBBING NUMBING ACHING SHARP DULL

Severity of pain: 10 9 8 7 6 5 4 3 2 1

Timing of pain: CONSTANT INTERMITTENT COMES AND GOES

Cause of Pain: WORK INJURY AUTO INJURY PERSONAL INJURY OTHER

What treatment have you had for this pain: NONE, OTC, PRESCRIPTION MEDICATIONS, PHYSICAL THERAPY, PROCEDURES: EPIDURAL FACET JOINT, NERVE BLOCK/ABLATION, TRIGGER POINT INJECTIONS, SIJ INJECTION, SPINAL SURGERY

Do you take: ASPIRIN COUMADIN PLAVIX ALEVE MOTRIN IBU INSULIN GLUCOPHAGE DIET PILLS, ANY BLOOD THINNERS?

List all medicaltion:

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Allergies: ASA PCN CONTRAST OTHER:
MEDICATIONS____

ROS: ANXIETY, BLURRED VISION, CHANGE IN VISION, CHRONIC LOW BACK PAIN, LOSS OF MEMORY, CONSTIPATION, DECREASED SEX DRIVE, DENTAL PROBLEMS, DEPRESSION, DIARRHEA, WEIGHT CHANGE, WITHDRAWAL FROM FAMILY, DIFFICULTY WALKING, DIZZINESS, FAINTING, HEADACHES, INCREASES IRRITABILITY, INSOMNIA/PASSING OUT, ITCHING/SCRATCHING, DUI CHARGE, IRREGULAR HEART BEAT, ITCHING OR RASH, LATE FOR WORK, LIMITED RANGE OF MOTION, LOSS OF BALANCE, MOOD SWINGS/CHANGES, VOMITING, MUSCLE SPASMS/TENSION, MUSCLE WEAKNESS, NAUSEA, NERVOUSNESS,

NUMBNESS IN ARMS OR LEGS, PANIC ATTACKS, NOSE BLEEDS, SHORTNESS OF BREATH, SLOW REFLEXES, STIFFNESS, TAKEN SOMEONE ELSE'S MEDICATION, THOUGHTS OF SUICIDE, FLASHBACKS, URINARY PROBLEMS, TINGLING IN FEET OR HANDS, INCREASING DOSE OF MEDICATION

Do you have any metal in your body: YES NO

Surgeries:____

Family history: STROKE HEART ATTACK BLEEDING DIABETES MIGRAINES ANEURYSMS, DRUG ABUSE

Are you pregnant: YES NO UNSURE

Social History: SMOKE ALCOHOL

Patient:____________________________ **RN/LPN/MA**:____________________________

Physician:____________________________