ARKANSAS PAIN CARE CLINICS
+
PHYSICAL THERAPY AND REHAB

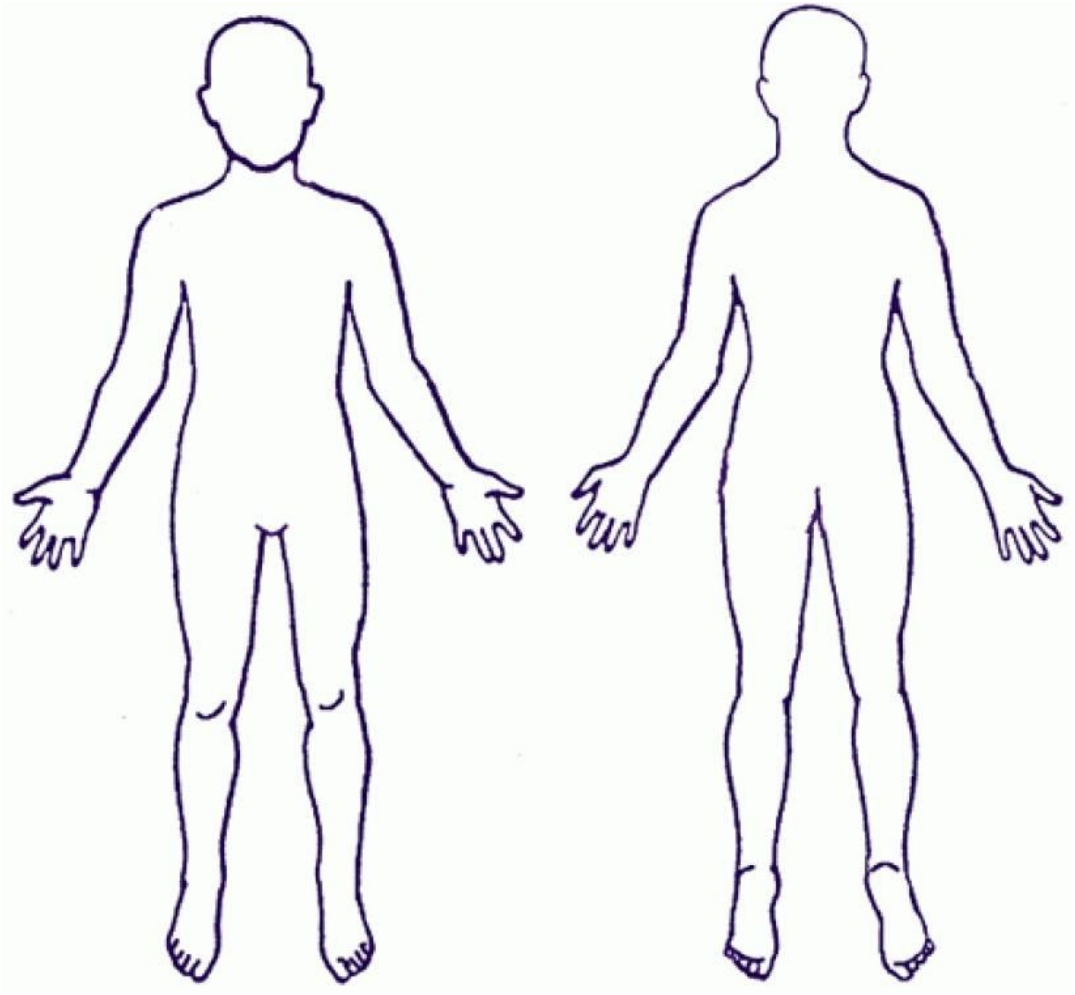
Patient Name: **Date:**

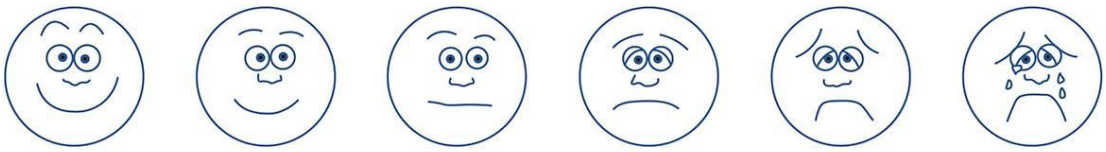
NEW PATIENT QUESTIONNAIRE / PERSISTENT OR CHRONIC PAIN

SECTION 1 – VISUAL ANALOG PAIN SCALE / WONG-BAKER FACES PAIN SCALE

Please mark your areas of pain with an 'X'.

Front **Back**





0 1 2 3 4 5 6 7 8 9 10

No Hurt	Hurts Little Bit	Hurts Little More	Hurts Even More	Hurts Whole Lot	Hurts Worst

Please circle your pain scale, 0 being no pain and 10 being worst pain.

Patient Name: **Date:**

SECTION 2 – CHIEF COMPLAINT / HISTORY OF PRESENT ILLNESS (HPI)		
• **LOCATION**		
Check all areas of your pain	☐ Head – Right / Left ☐ Face – Right / Left ☐ Neck – Right / Left ☐ Shoulder – Right / Left ☐ Arm – Right / Left ☐ Elbow – Right / Left ☐ Forearm – Right / Left ☐ Wrist – Right / Left ☐ Back of Hand – Right / Left ☐ Palm of Hand – Right / Left ☐ Fingers – Right / Left ☐ Thumb – Right / Left ☐ Chest – Right / Left ☐ Upper Belly – Right / Left ☐ Lower Belly – Right / Left	☐ Groin – Right / Left ☐ Genital – Right / Left ☐ Upper Back – Right / Left ☐ Mid Back – Right / Left ☐ Lower Back – Right / Left ☐ Lowest Back – Right / Left ☐ Hip – Right / Left ☐ Front Thigh – Right / Left ☐ Back Thigh – Right / Left ☐ Knee – Right / Left ☐ Leg – Right / Left ☐ Ankle – Right / Left ☐ Foot – Right / Left ☐ Big Toe – Right / Left ☐ Toes – Right / Left
• **RADIATION**		
Where does the pain radiate to?	☐ Head – Right / Left ☐ Face – Right / Left ☐ Neck – Right / Left ☐ Shoulder – Right / Left ☐ Arm – Right / Left ☐ Elbow – Right / Left ☐ Forearm – Right / Left ☐ Wrist – Right / Left ☐ Back of Hand – Right / Left ☐ Palm of Hand – Right / Left ☐ Fingers – Right / Left ☐ Thumb – Right / Left ☐ Chest – Right / Left ☐ Upper Belly – Right / Left ☐ Lower Belly – Right / Left	☐ Groin – Right / Left ☐ Genital – Right / Left ☐ Upper Back – Right / Left ☐ Mid Back – Right / Left ☐ Lower Back – Right / Left ☐ Lowest Back – Right / Left ☐ Hip – Right / Left ☐ Front Thigh – Right / Left ☐ Back Thigh – Right / Left ☐ Knee – Right / Left ☐ Leg – Right / Left ☐ Ankle – Right / Left ☐ Foot – Right / Left ☐ Big Toe – Right / Left ☐ Toes – Right / Left
• **QUALITY**		
What described your pain?	☐ Throbbing ☐ Shooting ☐ Stabbing ☐ Sharp ☐ Cramping ☐ Pulling ☐ Burning ☐ Other:	☐ Tingling ☐ Aching ☐ Tender ☐ Numb ☐ Spreading ☐ Penetrating ☐ Deep ☐ Other:
• **DURATION**		
How long have you had this pain?	_____ Years _____ Months or Date _____	

● **TIMING**		
Pain is present:	☐ All of the time	☐ Sometimes
● **INITIAL PAIN**		
In the beginning, was your pain	☐ Sudden	☐ Gradual
● **CONTEXT**		
What caused the pain?	☐ Cancer ☐ Cancer Related (Chemo, Radiation, Etc.) ☐ Surgery Related	☐ Work Related Injury ☐ Motor Vehicle Accident ☐ Heavy Lifting ☐ No Specific Event

Patient Name: **Date:**

● **MODIFYING FACTORS**		
	Makes pain WORSE ☐ Sitting for prolonged period ☐ Standing for prolonged period ☐ Walking ☐ Lifting ☐ Housework ☐ Coughing / Sneezing ☐ Lying flat on back ☐ Lying flat on stomach ☐ Cold ☐ Warm ☐ Touch with clothes / water	Makes pain BETTER ☐ Sitting ☐ Standing ☐ Walking ☐ Lying on back ☐ Lying on stomach ☐ Cold ☐ Warm ☐ Relaxation ☐ Mental Diversion ☐ Medication ☐ Exercise / Stretching

SECTION 3 – REVIEW OF SYSTEMS (ROS)	
● **Constitutional**	☐ Weight Loss or Gain ☐ Fatigue ☐ Sleepy ☐ Low Appetite
● **Psychiatric**	☐ Depressed ☐ Anxious ☐ Attention ☐ Stressed
● **Skin**	☐ Color Changes ☐ Hair and Nail ☐ Sensitivity ☐ Itching
● **Head**	☐ Headache ☐ Head Injury ☐ Facial Pain ☐ TMJ Pain (Jaw Pain)
● **Eyes**	☐ Double or Blurry Vision ☐ Eyesight Issues ☐ Cataracts ☐ Specks
● **Ears**	☐ Hearing Loss ☐ Ringing in Ears ☐ Ear Pain ☐ Drainage
● **Nose**	☐ Itching ☐ Sinus Pain ☐ Nosebleeds ☐ Stuffiness
● **Throat**	☐ Hoarseness ☐ Sore Throat ☐ Snoring ☐ Swallowing Difficulties
● **Mouth**	☐ Dry Mouth ☐ Dentures ☐ Sores ☐ Thrush
● **Neck**	☐ Swollen Glands ☐ Neck Pain ☐ Stiffness ☐ Lumps
● **Breasts**	☐ Breast Feeding ☐ Lumps ☐ Discharge ☐ Pain
● **Respiratory**	☐ Shortness of Breath ☐ Coughing Blood ☐ Wheezing ☐ Pain

● **Cardiac**	☐ Palpitations ☐ Swelling ☐ Tightness ☐ Chest Pain
● **Vascular**	☐ Blood Pressure ☐ Calf Pain on Walking ☐ Leg Cramps ☐ Leg Veins
● **Gastrointestinal**	☐ Constipation ☐ Rectal Bleeding ☐ Heartburn ☐ Nausea
● **Genitourinary**	☐ Difficulty Urinating ☐ Urinary Incontinence ☐ Burning ☐ Blood
● **Endocrine**	☐ Heat / Cold Intolerance ☐ Sweating ☐ Diabetes ☐ Sexual
● **Hematologic/Lymph**	☐ Easy Bruising ☐ Easy Bleeding ☐ Tiredness ☐ Night Sweats
● **Musculoskeletal**	☐ Walking Difficulties ☐ Painful Muscles ☐ Painful Joints ☐ Painful Bones ☐ Weakness ☐ Swollen Joints ☐ Stiff Joints ☐ Hot Joints
● **Neurological**	☐ Confusion ☐ Seizures ☐ Fainting ☐ Paralysis ☐ Numbness ☐ Tingling ☐ Tremor ☐ Dizziness

SECTION 4 – PAST, FAMILY, SOCIAL HISTORY (PFSH)

● PAST MANAGEMENT OF PAIN

Past Medications for Pain Please choose all medications previously tried for pain. **Patient Name:** Cont'd: Please choose all medications previously tried for pain.	☐ Aspirin ☐ Celecoxib (Celebrex) ☐ Diclofenac (Voltaren, Flector) ☐ Diflunisal (Dolobid) ☐ Etodolac (Lodine) ☐ Fenoprofen (Nalfon) ☐ Flurbirofen (Ansaid) ☐ Ibuprofen (Motrin) ☐ Indomethacin (Indocin) ☐ Ketroprofen (Orovail) ☐ Ketorolac (Toradol) ☐ Mefenamic Acid (Ponstel) ☐ Meloxicam (Mobic) ☐ Nabumetone (Relafen) ☐ Naproxen (Aleve, Naprosyn) ☐ Oxaprozin (Daypro) ☐ Piroxicam (Feldene) ☐ Sulindac (Clinoril) ☐ Tolmetin (Tolectin) ☐ Butorphanol (Stadol) ☐ Codeine (Tylenol #1, 2, 3, 4) ☐ Tramadol (Ultram, Ultracet) ☐ Dextropropoxyphene (Darvocet) ☐ Buprenorphine (Subutex,Butran) ☐ Hydrocodone (Norce, Lortab) ☐ Hydromorphone (Dilaudid) ☐ Morphine (MS Contin, Kadian) ☐ Oxycodone (Percocet) ☐ Oxymorphone (Opana) ☐ Fentanyl (Duragesic, Subsys) ☐ Methadone (Dolophine) ☐ Meperidine (Demerol)	☐ Tapentadol (Nucynta) ☐ Lidocaine (Lidoderm) ☐ Pregabalin (Lyrica) ☐ Gabapentin (Neurontin) ☐ Clonidine (Catapres) ☐ Amitriptyline (Elavil) ☐ Nortriptyline (Aventyl) ☐ Clomipramine (Anafranil) ☐ Protriptyline (Vivactil) ☐ Duloxetine (Cymbalta) ☐ Milnacipran (Savella) ☐ Venlafaxine (Effexor) ☐ Escitalopram (Lexapro) ☐ Carisoprodol (Soma) ☐ Cyclobenzaprine (Flexeril) ☐ Chlorzoxasone (Lorzone) ☐ Metaxalone (Skelaxin) ☐ Methocarbamol (Robaxin) ☐ Tizanidine (Zanaflex) ☐ Lioresal (Baclofen) ☐ OnabotulinumtoxinA (Botox) ☐ Alprazolam (Xanax) ☐ Clonazepam (Klonopin) ☐ Diazepam (Valium) ☐ Flurazepam (Dalmane) ☐ Lorazepam (Ativan) ☐ Temazepam (Restoril) ☐ Triazolam (Halcion) ☐ Zolpidem (Ambien) ☐ Eszopiclone (Lunesta) ☐ Zaleplon (Sonata) ☐ Ziconitide (Prialt)

● MEDICATION MANAGEMENT

Please choose all which apply to you	☐ I usually run out of my medications ☐ I usually end up getting early refills ☐ My medications sometimes get lost or stolen ☐ I have to see more than one Dr to get enough medications for pain relief ☐ I have been fired by other health care providers for non-compliance ☐ I think I am addicted to pain medications

	◻ I try to help others with my pain medications ◻ I have been arrested for possession of controlled or illicit substances

- **OTHER TREATMENTS OF PAIN**

Please choose all which you have had in past	◻ TENS (Electrical Nerve Stimulator with sticky pads applied on the skin) ◻ Physical therapy (heat, cold, laser, posture, muscle strengthening) ◻ Pool therapy (water exercises, joint mobility) ◻ Chiropractic ◻ Traction ◻ Massage ◻ Nerve Blocks or injections ◻ Spinal Cord Stimulator Implant ◻ Programmable Pain Pump ◻ Psychotherapy (Cognitive Behavior Therapy) ◻ Hypnosis ◻ Biofeedback ◻ Acupuncture ◻ Hospital bed rest ◻ Surgery ◻ Pain relief procedures ◻ Rehab programs

- **PAST MEDICAL HISTORY**

Please list all other health problems	◻ No Health Issues ◻ Cardiac Issues ◻ Cancer ◻ Renal Disease ◻ CHF ◻ COPD ◻ Diabetes ◻ Hypertension ◻ Kidney Disease ◻ MI ◻ Obesity ◻ Osteoarthritis ◻ Osteoporosis ◻ PVD ◻ Polio ◻ RA	◻ Rheumatic Fever ◻ Stroke ◻ Tuberculosis ◻ High Cholesterol ◻ Alzheimer's ◻ Emphysema ◻ Gout ◻ Liver Disease ◻ Aneurysm ◻ Diverticulitis ◻ MS ◻ Lupus ◻ Chron's Disease ◻ Dementia ◻ Asthma ◻ Spinal Meningitis

Patient Name: **Date:**

- **PAST SURGICAL HISTORY**

Please list ALL of your operations	◻ Neck Surgery (Provide Details) ◻ Back Surgery (Provide Details) ◻ Hysterectomy ◻ Appendectomy ◻ Gallbladder ◻ Knee Replacement / Scope (R / L) ◻ Hip Surgery (R / L)	Hernia Surgery Thyroid Surgery Bladder Surgery Shoulder Surgery Elbow Surgery Foot Surgery Wrist Surgery

- **FAMILY HISTORY**

Please choose all that apply	◻ Nobody in my family suffers from or suffered from chronic pain ◻ There is chronic pain in my family (Provide Details)

Father:	**Mother:**	**Brother:**	**Sister:**
◻ Deceased	◻ Deceased	◻ Deceased	◻ Deceased
◻ No Health Issues	◻ No Health Issues	◻ No Health Issues	◻ No Health Issues
◻ Cardiac Issues	◻ Cardiac Issues	◻ Cardiac Issues	◻ Cardiac Issues
◻ Cancer	◻ Cancer	◻ Cancer	◻ Cancer
◻ Renal Disease	◻ Renal Disease	◻ Renal Disease	◻ Renal Disease
◻ CHF	◻ CHF	◻ CHF	◻ CHF
◻ COPD	◻ COPD	◻ COPD	◻ COPD
◻ Diabetes	◻ Diabetes	◻ Diabetes	◻ Diabetes
◻ Hypertension	◻ Hypertension	◻ Hypertension	◻ Hypertension
◻ Kidney Disease	◻ Kidney Disease	◻ Kidney Disease	◻ Kidney Disease
◻ MI	◻ MI	◻ MI	◻ MI
◻ Obesity	◻ Obesity	◻ Obesity	◻ Obesity
◻ Osteoarthritis	◻ Osteoarthritis	◻ Osteoarthritis	◻ Osteoarthritis
◻ Osteoporosis	◻ Osteoporosis	◻ Osteoporosis	◻ Osteoporosis
◻ PVD	◻ PVD	◻ PVD	◻ PVD
◻ Polio	◻ Polio	◻ Polio	◻ Polio
◻ RA	◻ RA	◻ RA	◻ RA
◻ Rheumatic Fever	◻ Rheumatic Fever	◻ Rheumatic Fever	◻ Rheumatic Fever
◻ Stroke	◻ Stroke	◻ Stroke	◻ Stroke
◻ Tuberculosis	◻ Tuberculosis	◻ Tuberculosis	◻ Tuberculosis
◻ High Cholesterol	◻ High Cholesterol	◻ High Cholesterol	◻ High Cholesterol
◻ Alzheimer's	◻ Alzheimer's	◻ Alzheimer's	◻ Alzheimer's
◻ Emphysema	◻ Emphysema	◻ Emphysema	◻ Emphysema
◻ Gout	◻ Gout	◻ Gout	◻ Gout
◻ Liver Disease	◻ Liver Disease	◻ Liver Disease	◻ Liver Disease
◻ Aneurysm	◻ Aneurysm	◻ Aneurysm	◻ Aneurysm
◻ Diverticulitis	◻ Diverticulitis	◻ Diverticulitis	◻ Diverticulitis
◻ MS	◻ MS	◻ MS	◻ MS
◻ Lupus	◻ Lupus	◻ Lupus	◻ Lupus
◻ Chron's Disease	◻ Chron's Disease	◻ Chron's Disease	◻ Chron's Disease
◻ Dementia	◻ Dementia	◻ Dementia	◻ Dementia
◻ Asthma	◻ Asthma	◻ Asthma	◻ Asthma
◻ Spinal Meningitis	◻ Spinal Meningitis	◻ Spinal Meningitis	◻ Spinal Meningitis
◻ Macular Degenerative Disease	◻ Macular Degenerative Disease	◻ Macular Degenerative Disease	◻ Macular Degenerative Disease

- **SOCIAL HISTORY**

Work Status	◻ Disabled ◻ Retired ◻ Unemployed ◻ Blue Collar – Manual Work ◻ White Collar – Office Work ◻ Full Time / Part Time
Occupation	_____

Patient Name: **Date:**

Education	◻ No Education ◻ Elementary School ◻ High School ◻ College Graduate ◻ Post Graduate ◻ Doctoral ◻ Post Doctoral ◻ Trade
Nicotine Use	**Type:**

	◻ Pipe ◻ Cigar ◻ Cigarette ◻ E-Cigarette ◻ Chewing Tobacco ◻ Vape ◻ Gum ◻ Patch **If Nicotine User:** ◻ Current every day use ◻ Current some day use ◻ Former smoker ◻ Never smoked **If Cigarette Smoker:** ◻ ____ Pack(s) Per Day ◻ How many years have you smoked?
Alcohol (If Applicable)	◻ Have you ever felt you needed to cut down on your drinking? ◻ Have people annoyed you by criticizing your drinking? ◻ Have you ever felt guilty about drinking? ◻ Have you ever felt you needed a drink first thing in the morning? ◻ Have you been arrested for driving while intoxicated (DWI)?
Substance Abuse (If Applicable)	◻ **Marijuana –** blunt, dope, ganja, grass, herb, joint, bud, Mary Jane, pot, reefer, green, etc ◻ **Hashish –** boom, gangster, has, hash oil, hemp, etc ◻ **Heroin –** smack, horse, brown sugar, dope, H, skunk, skag, junk, white horse, etc ◻ **Opium –** big O, black stuff, block, gum, hop, etc ◻ **Cocaine –** blow, bump, C, candy, Charlie, coke, crack, flake, rock, snow, toot, etc ◻ **Amphetamine –** Adderall, bennies, black beauties, crosses, hearts, etc ◻ **Methamphetamine –** meth, ice, crank, chalk, crystal, fire, glass, go fasat, speed, etc ◻ **MDMA –** Ecstacy, Adam, clarity, Eve, lower's speed, peace, uppers, etc ◻ **Flunitrazepam –** forget-me pill, Mexican Valium, R2, roach, roofied, rope etc ◻ **GHB –** G, Georgia home boy, liquid ecstacy, soap, scoop, goop, liquid X, etc ◻ **Ketamine –** cat Valium, K, Special K, Vitamin K, etc ◻ **PCP –** angel dust, boat, hog, love boat, peace pill, etc ◻ **Salvia –** Shepherdess's Herb, Maria Pastora, magic mint, Sally-D, etc ◻ **Dextromethorphan –** Robotripping, Robo, Triple C, etc ◻ **LSD –** acid, blotter, cubes, microdot yellow sunshine, blue heaven, etc ◻ **Mescaline –** buttons, cactus, mesc, peyote, etc ◻ **Psilocybin –** Magic mushrooms, purple passion, shrooms, little smoke, etc ◻ **Anabolic Steroids –** Anadrol, oxandrin, durabolin, depo-testosterone, etc ◻ **Inhalants –** Solvents, gases, nitrites, laughing gas, poppers, snappers, whippets, etc ◻ **Barbiturates –** Amtyal, Nembutal, yellow jackets, barbs, reds, phennies, red birds, etc ◻ **Benzodiazepine –** Ativan, halcion, Librium, valium, Xanax, candy, downers, etc ◻ **Sleep Meds –** Ambien, Sonata, Lunesta, forget-me pill, R2, roche, roofinol, etc ◻ **Codeine –** Empirin with Codeine, fiorinal with codeine, robitussin A-C, etc ◻ **Morphine –** Miss Emma, monkey, white stuff, etc ◻ **Methadone –** fizzies, amidone, etc ◻ **Fentanyl –** Apache, China girl, danve fever, friend, Goodfella, jackpot, etc ◻ **Oxycodone –** Oxy, O.C., Oxycotton, oxycet, hillbilly, heroin, percs, etc

Patient Name: **Date:**

Cont'd Substance Abuse (If Applicable)	◻ **Hydrocodone –** Vije, Watson-387, etc ◻ **Hydromorphone –** juice, smack, D, footballs, dillies, etc ◻ **Oxymorphone –** Opana, biscuits, blue heaven, blues, Mrs. O, octagons, stop signs, etc ◻ **Meperidine –** Demerol, demmies, pain killer, etc

	☐ **Propoxyphene –** Darvon, Darvocet ☐ **Methylphenidate –** Concerta, Ritalin, JIF, MPH, R-ball, Skippy, the smart drug, etc
Marital Status	☐ Single (Unmarried) ☐ Married ☐ Separated ☐ Divorced ☐ Widow ☐ Significant Other
Support – Income	☐ Social Security ☐ Retirement ☐ Job ☐ Spouse / Partner ☐ Family ☐ Disability
Pain Related Lawsuit	☐ Yes ☐ No
● **MEDICATIONS**	
Allergies	
Current Pain Medications *Examples:* *Hydrocodone* *Oxycodone* *Oxymorphone* *Morphine IR / ER* *Fentanyl* *Tramadol* *Butrans*	Please include mg, dosing instructions, and Dr prescribing:
Current Other Medications	Please include mg, dosing instructions, and Dr prescribing: (You should also include any over the counter medications and natural / vitamins)