PATIENT LABEL HERE
Or Patient Name, DOB, MRN #

COMPREHENSIVE PAIN CENTER
NEW PATIENT QUESTIONNAIRE

The Everett Clinic
Part of Optum®

Please circle one number for the following two questions: 0= No pain, 10= Pain as bad as you can imagine

In the past month, on average, how would you rate your pain? (circle **one**)

0 1 2 3 4 5 6 7 8 9 10

In the past month, how much has your pain interfered with your daily activities? (circle **one**)

0 1 2 3 4 5 6 7 8 9 10

Over the last 2 weeks, how often have you been bothered by any of the following problems? (circle number to indicate your answer)	**Not at all**	**Several days**	**More than half the days**	**Nearly every day**
1. Little interest or pleasure in doing things	**0**	**1**	**2**	**3**
2. Feeling down, depressed, or hopeless	**0**	**1**	**2**	**3**

REVIEW OF SYSTEMS Check if 'YES'

GENERAL
- □ Weight loss in last 6 months
- □ Fatigue
- □ Poor appetite
- □ Fever/Chills
- □ History of Cancer

SKIN
- □ Itching
- □ Hives
- □ Rash

ENT
- □ Hard of hearing/hearing loss
- □ Ringing in ears
- □ Vertigo
- □ Visual changes
- □ Glaucoma
- □ Nose bleeds
- □ Chronic sinus problems
- □ Dry mouth
- □ Sore throat

RESPIRATORY
- □ Cough
- □ Bronchitis
- □ COPD/Emphysema
- □ Shortness of breath

CARDIOVASCULAR
- □ Chest pain
- □ Passing out/fainting
- □ High blood pressure
- □ Swelling of feet
- □ Poor circulation

ENDOCRIINE
- □ Thyroid disease
- □ Temperature intolerance
- □ Diabetes

GASTROINTESTINAL
- □ Nausea/Vomiting
- □ Constipation
- □ Heartburn
- □ Blood in stools
- □ Loss of bowel control
- □ Liver disease

GENTIAL/URINARY
- □ Frequent urination
- □ Loss of control
- □ Kidney stones
- □ Painful urination
- □ Blood in urine
- □ Urinary infections
- □ Sexually transmitted disease

MUSCULOSKELETAL
- □ Muscle aches
- □ Muscle spasms
- □ Stiffness
- □ Inflammatory arthritis
- □ Swelling of joints
- □ Osteoarthritis
- □ Gout
- □ Osteoporosis
- □ Broken bones
- □ Amputations

NEUROLOGIC
- □ Headache/Migraine
- □ History of head injury
- □ Memory loss
- □ Stroke
- □ Spinal cord injury
- □ Multiple sclerosis
- □ Weakness/Paralysis
- □ Numbness
- □ Seizures

HEME/LYMPHATIC
- □ Anemia
- □ Easy bruising/bleeding
- □ Blood thinners
- □ Bleeding disorder
- □ Swollen glands

Please briefly describe your MAIN problem/complaint:

____

____

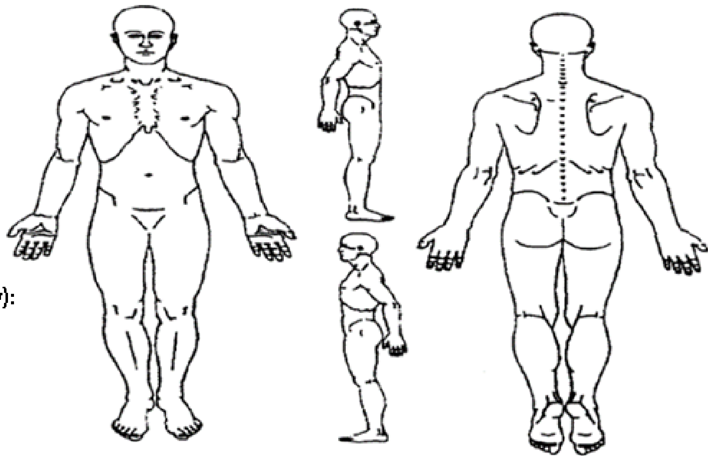
____

What benefit would you like to get from today's visit? ______________________________

CAUSES OF YOUR PAIN

Events surrounding the onset of your pain:	Date Pain Began	Pain Intensity Today
______________________	__________	☐ Better ☐ Same ☐ Worse
______________________	__________	☐ Better ☐ Same ☐ Worse
______________________	__________	☐ Better ☐ Same ☐ Worse
______________________	__________	☐ Better ☐ Same ☐ Worse
______________________	__________	☐ Better ☐ Same ☐ Worse

PAIN LOCATION



On the diagram, shade in the areas where you feel symptoms

xxxx = pain oooo = numbness

Pain Characteristics

My Pain is: ☐Constant ☐ Intermittent

My pain is best described as (check all that apply):

☐ Dull ☐ Aching ☐ Throbbing
☐ Sharp ☐ Shooting ☐ Stabbing
☐ Tender ☐ Electrical ☐ Burning

Do you have any Numbness? ☐Yes ☐ No

Where is it located?______________________________

____

Is it ☐ getting worse or ☐ stable?

Do you have any Weakness? ☐Yes ☐ No

Where is it located?______________________________

____

Is it ☐ getting worse or ☐ stable?

PAIN MODIFIERS

How do these activities affect your pain?	**Worsen**	**Improve**
Standing for periods of time	______	______
Sitting for periods of time	______	______
Walking for periods of time	______	______
Bending or stooping forward	______	______
Lying down	______	______
Coughing or bowel movement	______	______
Getting in or out of a car	______	______
Riding in a car	______	______
Exercise	______	______
Rest	______	______
Heat	______	______
Cold	______	______
Other	______	______

Please list any medications you have tried in the PAST for your pain. Do not list current medications.

Medication	No	Yes	Why did you stop?		
Amitriptyline	☐	☐	☐ Side effect(s)________________	☐ Didn't work	☐ Stopped working
Baclofen	☐	☐	☐ Side effect(s)________________	☐ Didn't work	☐ Stopped working
Buprenorphine	☐	☐	☐ Side effect(s)________________	☐ Didn't work	☐ Stopped working
Belbuca	☐	☐	☐ Side effect(s)________________	☐ Didn't work	☐ Stopped working
Butrans	☐	☐	☐ Side effect(s)________________	☐ Didn't work	☐ Stopped working
Carbamazepine (Tegretol)	☐	☐	☐ Side effect(s)________________	☐ Didn't work	☐ Stopped working
Celecoxib (Celebrex)	☐	☐	☐ Side effect(s)________________	☐ Didn't work	☐ Stopped working
Cyclobenzaprine (Flexeril)	☐	☐	☐ Side effect(s)________________	☐ Didn't work	☐ Stopped working
Desipramine	☐	☐	☐ Side effect(s)________________	☐ Didn't work	☐ Stopped working
Dextromethorphan	☐	☐	☐ Side effect(s)________________	☐ Didn't work	☐ Stopped working
Diazepam	☐	☐	☐ Side effect(s)________________	☐ Didn't work	☐ Stopped working
Diclofenac	☐	☐	☐ Side effect(s)________________	☐ Didn't work	☐ Stopped working
Diclofenac gel (Voltaren)	☐	☐	☐ Side effect(s)________________	☐ Didn't work	☐ Stopped working
Doxepin	☐	☐	☐ Side effect(s)________________	☐ Didn't work	☐ Stopped working
Duloxetine (Cymbalta)	☐	☐	☐ Side effect(s)________________	☐ Didn't work	☐ Stopped working
Effexor	☐	☐	☐ Side effect(s)________________	☐ Didn't work	☐ Stopped working
Fentanyl patch	☐	☐	☐ Side effect(s)________________	☐ Didn't work	☐ Stopped working
Gabapentin	☐	☐	☐ Side effect(s)________________	☐ Didn't work	☐ Stopped working
Hydrocodone	☐	☐	☐ Side effect(s)________________	☐ Didn't work	☐ Stopped working
Hydromorphone (Dilaudid)	☐	☐	☐ Side effect(s)________________	☐ Didn't work	☐ Stopped working
Ibuprofen	☐	☐	☐ Side effect(s)________________	☐ Didn't work	☐ Stopped working
Imipramine	☐	☐	☐ Side effect(s)________________	☐ Didn't work	☐ Stopped working
Ketorolac (Toradol)	☐	☐	☐ Side effect(s)________________	☐ Didn't work	☐ Stopped working
Lamictal	☐	☐	☐ Side effect(s)________________	☐ Didn't work	☐ Stopped working
Lidoderm patch	☐	☐	☐ Side effect(s)________________	☐ Didn't work	☐ Stopped working
Lyrica (Pregabalin)	☐	☐	☐ Side effect(s)________________	☐ Didn't work	☐ Stopped working
Methadone	☐	☐	☐ Side effect(s)________________	☐ Didn't work	☐ Stopped working
Meloxicam	☐	☐	☐ Side effect(s)________________	☐ Didn't work	☐ Stopped working
Meperidine (Demerol)	☐	☐	☐ Side effect(s)________________	☐ Didn't work	☐ Stopped working
Metaxalone (Skelaxin)	☐	☐	☐ Side effect(s)________________	☐ Didn't work	☐ Stopped working
Morphine	☐	☐	☐ Side effect(s)________________	☐ Didn't work	☐ Stopped working
MS Contin	☐	☐	☐ Side effect(s)________________	☐ Didn't work	☐ Stopped working
Nabumetone	☐	☐	☐ Side effect(s)________________	☐ Didn't work	☐ Stopped working
Naproxen (Aleve)	☐	☐	☐ Side effect(s)________________	☐ Didn't work	☐ Stopped working
Nortriptyline	☐	☐	☐ Side effect(s)________________	☐ Didn't work	☐ Stopped working
Oxymorphone	☐	☐	☐ Side effect(s)________________	☐ Didn't work	☐ Stopped working
Oxycodone	☐	☐	☐ Side effect(s)________________	☐ Didn't work	☐ Stopped working
Oxycontin	☐	☐	☐ Side effect(s)________________	☐ Didn't work	☐ Stopped working
Suboxone	☐	☐	☐ Side effect(s)________________	☐ Didn't work	☐ Stopped working
Tizanidine	☐	☐	☐ Side effect(s)________________	☐ Didn't work	☐ Stopped working
Topamax	☐	☐	☐ Side effect(s)________________	☐ Didn't work	☐ Stopped working
Trazodone	☐	☐	☐ Side effect(s)________________	☐ Didn't work	☐ Stopped working
Tramadol	☐	☐	☐ Side effect(s)________________	☐ Didn't work	☐ Stopped working
Valproic Acid (Depakote)	☐	☐	☐ Side effect(s)________________	☐ Didn't work	☐ Stopped working
Naltrexone, low dose	☐	☐	☐ Side effect(s)________________	☐ Didn't work	☐ Stopped working
Lidocaine Infusions	☐	☐	☐ Side effect(s)________________	☐ Didn't work	☐ Stopped working
Ketamine Infusions	☐	☐	☐ Side effect(s)________________	☐ Didn't work	☐ Stopped working
Milnacipran (Savella)	☐	☐	☐ Side effect(s)________________	☐ Didn't work	☐ Stopped working
Other________________	☐	☐	☐ Side effect(s)________________	☐ Didn't work	☐ Stopped working

PAIN TREATMENTS

Have you seen any physicians outside of the Everett Clinic for opioid medications? (List names, dates, and why stopped)

____

______________________ 6.______________________

____

Please list any CURRENT nonopioid medications you are using for your pain.
Helpful? Not Helpful? Side effects?

1.______________________
2.______________________
3.______________________
4.______________________
5.______________________

Please indicate which treatments you have had for your CURRENT pain problem.

	No	Yes	HELPFUL?	DATES
Pain Psychology	☐	☐	________	________
Physical therapy	☐	☐	________	________
Pool therapy	☐	☐	________	________
Home exercise	☐	☐	________	________
TENS	☐	☐	________	________
Chiropractic/Manipulation	☐	☐	________	________
Acupuncture	☐	☐	________	________
Trigger point injection	☐	☐	________	________
Epidural Steroid Injection	☐	☐	________	________
Facet Joint, Medial Branch, or Genicular Nerve Block	☐	☐	________	________
Denervation (RFA)	☐	☐	________	________
Sacroiliac joint injection	☐	☐	________	________
Sacroiliac joint RFA	☐	☐	________	________
Peripheral Nerve Block	☐	☐	________	________
Joint steroid injection	☐	☐	________	________
Spinal Cord Stimulator	☐	☐	________	________
Intrathecal Pump	☐	☐	________	________

______________________________________ /______________

Patient Signature *(required)* **Date** *(required)* **Reviewed by (initials):** ____________

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