Kalamazoo Anesthesiology, PC
Pain Consultants

INITIAL PATIENT INTERVIEW

FULL NAME	AGE	BIRTHDATE	SEX (CIRCLE ONE) M F	HEIGHT	WEIGHT

ALLERGIES

CHIEF COMPLAINT

DESCRIBE PAIN IN YOUR OWN WORDS

HISTORY OF PRESENT ILLNESS

DATE OF ONSET | WHAT CAUSED ORIGINAL PAIN

LOCATION | TYPE OF PAIN ☐ CONSTANT ☐ INTERMITTENT | RATE SEVERITY (0-10) 0 = None 10 = Unbearable

DESCRIBE (ie. Sharp, Burning, Aching, etc) | LOSS OF BOWEL / BLADDER CONTROL ☐ YES ☐ NO

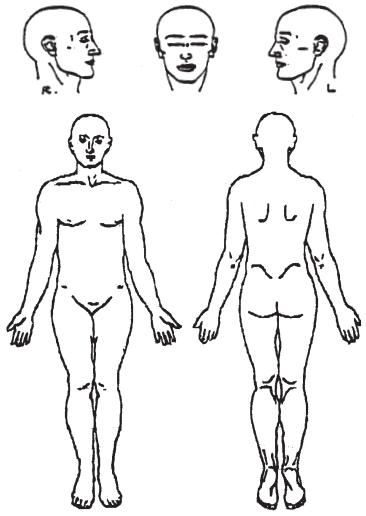
TIME OF DAY BETTER | TIME OF DAY WORSE

WHAT HELPS PAIN | NUMBNESS OR TINGLING ☐ YES ☐ NO

WHAT MAKES PAIN WORSE

PREVIOUS PAIN MEDS

COLOR AREAS OF PAIN



PREVIOUS STUDIES	RESULT	PREVIOUS TREATMENTS (TYPES / DATE)	
X-RAY	☐ Yes ☐ No	Physical Therapy	Pain Blocks (Injections) Previous Pain Meds:
MRI	☐ Yes ☐ No	Accupuncture	*If you have been to any other pain clinic, please list their names below:*
CT	☐ Yes ☐ No	Chiropractor	
EMG	☐ Yes ☐ No	TENS	

CURRENT MEDICATIONS

NAME	DOSE	NAME	DOSE
			PHYSICIAN SIGNATURE REVIEWED

7920 Kirkland Court, Portage, Michigan 49024 • 269.381.PAIN or 866.387.PAIN • Fax 269.345.5354

REVIEW OF SYSTEMS	PROBLEMS?		PROBLEMS?
HEENT		**MUSCULOSKELETAL**	
Eyes (Vision Change)	☐ Yes ☐ No	Back Pain	☐ Yes ☐ No
Ears, Nose, Mouth, Throat	☐ Yes ☐ No	Headaches	☐ Yes ☐ No
RESPIRATORY		**INTEGUMENT**	
Tobacco / Smoke	☐ Yes ☐ No	Skin	☐ Yes ☐ No
Asthma	☐ Yes ☐ No	Cancer	☐ Yes ☐ No
Emphysema / COPD / Shortness of Breath	☐ Yes ☐ No	**NEUROLOGIC**	
CARDIOVASCULAR		Seizure	☐ Yes ☐ No
Heart Attack	☐ Yes ☐ No	Stroke	☐ Yes ☐ No
Chest Pain	☐ Yes ☐ No	Leg Pain/Neuropathy	☐ Yes ☐ No
Hypertension	☐ Yes ☐ No	**ENDOCRINE**	
GASTROINTESTINAL		Diabetes	☐ Yes ☐ No
Ulcers	☐ Yes ☐ No	Thyroid	☐ Yes ☐ No
Heartburn	☐ Yes ☐ No	**HEMATOLOGIC**	
GENITOURINARY		Blood Thinners	☐ Yes ☐ No
Kidneys	☐ Yes ☐ No	Bleeding Problems	☐ Yes ☐ No
Bladder	☐ Yes ☐ No	**PSYCHIATRIC**	
LIVER		Depression	☐ Yes ☐ No
Hepatitis	☐ Yes ☐ No	Anxiety	☐ Yes ☐ No
Alcohol Use	☐ Yes ☐ No	Other	☐ Yes ☐ No

IF YES TO ANY ABOVE, PLEASE EXPLAIN PRESENT AND PAST MEDICAL HISTORY:

PAST SURGERIES		
1)	**SLEEP**	☐ GOOD ☐ BAD
2)	**APPETITE**	☐ GOOD ☐ BAD
3)	**WEIGHT**	☐ GAIN ☐ LOSS ☐ SAME

FAMILY HISTORY (Including Pain)

SOCIAL HISTORY

EDUCATION	EMPLOYMENT	MARITAL STATUS	RATE MARRIAGE
		☐ SINGLE ☐ MARRIED ☐ DIVORCED	

WORKERS' COMP / DISABILITY / LAWSUITS (EXPLAIN):

PHYSICIAN SIGNATURE