Collier Neurologic Specialists - Pain Management

Name:_____ Date:_____

Date of Birth:_____ Dominant hand: RIGHT LEFT

Referring Physician:_____ Primary Physician:_____

***Reason for Visit today**: _____

***When and how did the pain start?** _____

_____

***What kind of pain are you having?** BURNING PINS & NEEDLES ELECTRIC DULL ACHING/ ACHING

NUMBNESS STABBING SHOOTING OTHER_____

***When does your pain occur?** Please circle all that apply

MORNING MID-DAY EVENING NIGHT/ WAKE WITH PAIN

INTERMITTENTLY CONTINUOUSLY SPORADIC (please explain) _____

***Severity of Pain**. On a scale of 1 (least) to 10 (most) please rate your pain:

Pain level today: _____ Lowest level of pain: _____ Worst level of pain: _____

***Which pain is worse?** Please circle one: BACK PAIN LEG PAIN NECK PAIN ARM PAIN

***Any other associated symptoms?** (numbness, weakness, headaches, falls, etc)

_____

***Does your pain prevent you from**: SLEEPING SHOPPING WORKING RECREATION

OTHER_____

***What treatments have you tried?**

TREATMENT	NAME / HOW LONG?	HELPED	MADE WORSE	NO EFFECT
HEAT				
ICE				
BED REST				
PHYSICAL THERAPY				
HOME EXERCISES				
TENS UNIT				
MASSAGE				
CHIROPRATIC				
ACUPUNCTURE				
BRACING / TRACTION				
EPIDURAL INJECTIONS				
FACET INJECTIONS				
TRIGGER POINT INJECTIONS				
ANTI-INFLAMMATORY MEDICATIONS				
OPIOID PAIN MEDICATIONS				
MUSCLE RELAXOR MEDICATIONS				
ANTI DEPRESSANT MEDICATIONS				
OVER THE COUNTER MEDICATIONS				

Height_____ Weight_____ BP_____ P_____ T_____ R _____

Have you had an influenza vaccine in the last year? Y / N **Have you had a pneumonia vaccine in the last 5 years?** Y / N

PHARMACY NAME: _____

PHONE: _____ **ADDRESS:** _____

***Allergies and reactions:** please circle any of the following and list any other medication allergies below

SHELLFISH IODINE STEROIDS LOCAL ANESTHETICS (ie Lidocaine) CONTRAST DYES

_____

_____

_____

CURRENT MEDICAITONS (please list all prescription medications and directions and who prescribed, include all supplements & over the counter medication as well)

_____

_____

_____

_____

_____

_____

SOCIAL HISTORY

Do you drink alcohol? **Y / N** If yes how much and how often?_____ Type: _____

Do you smoke? **Y / N** If yes, how much? _____ How long? _____ Have you quit? **Y / N** When? _____

Have you ever used marijuana, cocaine or injectable drugs? _____Last time used?_____

Are you MARRIED DIVORCED SEPARATED WIDOWED PARTNER/ OTHER

Do you live alone? **Y / N** If no, who do you live with? _____

Do you any children? _____

Are you a seasonal resident? **Y / N** Where? _____

Are you retired? **Y / N** Occupation? _____

Hobbies? _____

FAMILY HISTORY

	Alive Y / N	Health Status?	Age at Death?	Cause / Health Issues?
Mother				
Father				
Sister				
Sister				
Brother				
Brother				
Children				
Children				

REVIEW OF SYSTEMS: please check all that apply

- ☐ Fatigue
- ☐ Fever
- ☐ Weight loss
- ☐ Poor sleep
- ☐ Blurry vision
- ☐ Double vision
- ☐ Eye pain
- ☐ Speech difficulty
- ☐ Decreased hearing
- ☐ Difficulty in Swallowing
- ☐ Dizziness
- ☐ Chest pain
- ☐ Cough
- ☐ Shortness of breath
- ☐ Sputum production
- ☐ Irregular heartbeat
- ☐ Palpitations
- ☐ Blood in stool
- ☐ Constipation
- ☐ Diarrhea
- ☐ Nausea
- ☐ Vomiting
- ☐ Fecal incontinence
- ☐ Ulcer history
- ☐ Reflux
- ☐ Liver disorder
- ☐ Bleeding/ bruising disorder
- ☐ Blood clots/ Pulmonary embolism
- ☐ Anemia
- ☐ Anticoagulated/ blood thinner
- ☐ Urinary incontinence
- ☐ Bladder infections
- ☐ Blood in urine
- ☐ Frequent urination
- ☐ Muscle pain
- ☐ Joint pain
- ☐ Skin breakout
- ☐ Poor wound healing
- ☐ Rash
- ☐ Memory loss
- ☐ Focal Numbness
- ☐ Falls
- ☐ Weakness
- ☐ Coordination problems
- ☐ Anxiety
- ☐ Depression
- ☐ Mood swings

MEDICAL HISTORY: please check all that apply

- ☐ Hypertension (high blood pressure)
- ☐ High Cholesterol
- ☐ Atrial fibrillation
- ☐ Heart disease
- ☐ Heart attack
- ☐ COPD / Emphysema
- ☐ Asthma
- ☐ Diabetes
- ☐ Thyroid issues
- ☐ Stroke / CVA
- ☐ Neuropathy
- ☐ TIA
- ☐ Anemia
- ☐ Cancer _____
- ☐ Osteoarthritis
- ☐ Rheumatoid arthritis
- ☐ fibromyalgia
- ☐ Gout
- ☐ Reflux / Ulcer
- ☐ Kidney stones
- ☐ Enlarged prostate / BPH
- ☐ Cardiomyopathy / Enlarged heart
- ☐ Migraines / Headaches
- ☐ Osteoporosis / osteopenia
- ☐ Diverticulosis
- ☐ Colitis
- ☐ Glaucoma
- ☐ Chronic Kidney disease / Renal failure
- ☐ Multiple sclerosis
- ☐ Depression
- ☐ Anxiety
- ☐ Sleep apnea
- ☐ Peripheral vascular disease
- ☐ Cataracts
- ☐ Irritable bowel disease
- ☐ Urinary tract infections

Please list any other issues not listed above: _____

_____

_____

SURGICAL HISTORY: please check all that apply

- ☐ Cardiac bypass/ CABG
- ☐ Cardiac stents
- ☐ Pacemaker / defibrillator
- ☐ Vascular surgery
- ☐ Corneal Lasik
- ☐ Lens implant
- ☐ Cataract
- ☐ Eye lid / Blepharoplasty
- ☐ Thyroid surgery
- ☐ Sinus surgery
- ☐ Mastectomy
- ☐ Lumpectomy
- ☐ C section
- ☐ Hysterectomy
- ☐ Tubal ligation
- ☐ D&C
- ☐ Vasectomy
- ☐ Prostate / TURP
- ☐ Bladder surgery
- ☐ Lithotripsy / kidney stone
- ☐ Nephrectomy / kidney removed
- ☐ Appendix
- ☐ Gallbladder
- ☐ Hernia repair
- ☐ Gastric bypass / gastric sleeve
- ☐ Lumbar laminectomy
- ☐ Lumbar fusion
- ☐ Cervical fusion
- ☐ Kyphoplasty
- ☐ Carotid surgery
- ☐ Carpal tunnel release
- ☐ Total knee replacement R / L
- ☐ Knee arthroscopy R / L
- ☐ Total hip replacement R/ L
- ☐ Rotator cuff repair R / L
- ☐ Shoulder replacement R / L
- ☐ Bunion
- ☐ Other orthopedic surgery_____
- ☐ Dermatologic surgery _____
- ☐ Mohs' surgery
- ☐ Cosmetic surgery _____

Please list any other surgeries not listed above: _____

_____

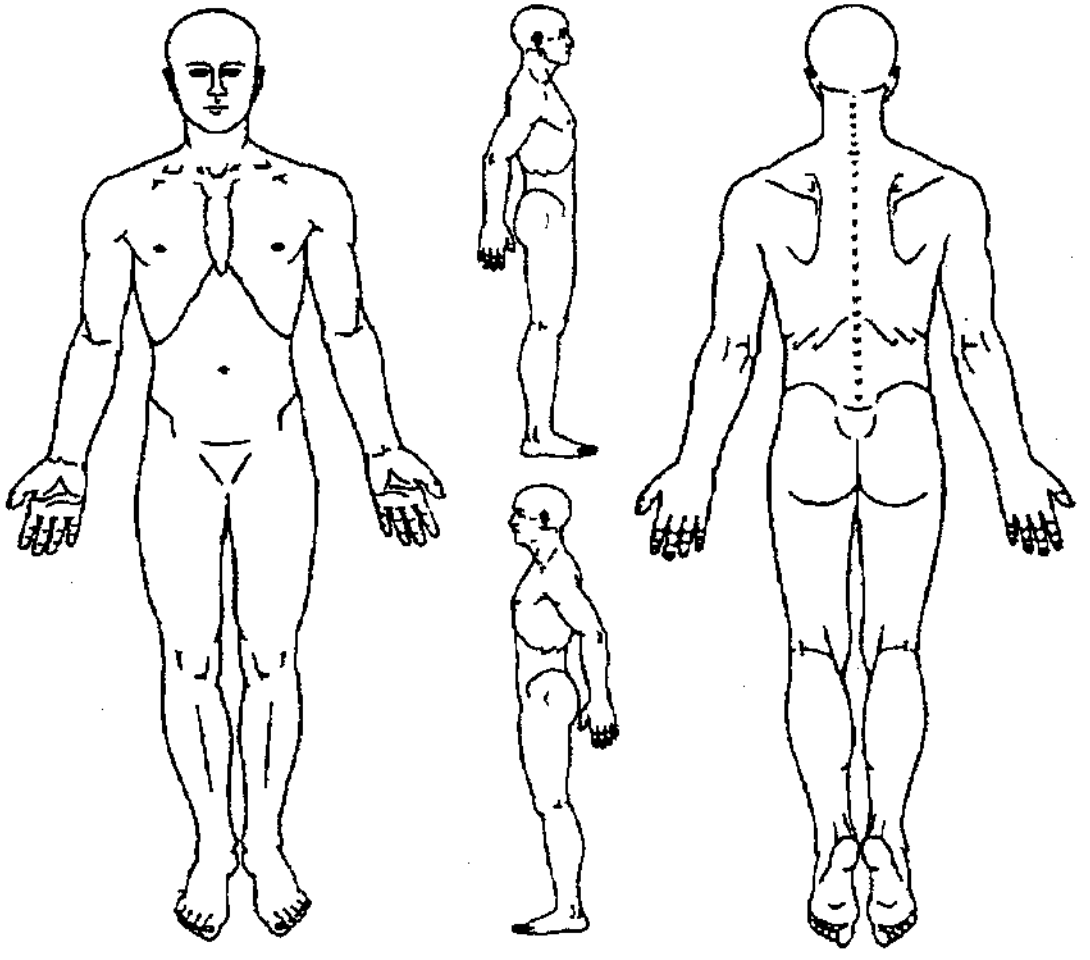
Collier Neurologic Specialists L.L.C.
Comprehensive Care of Brain, Nerve and Spine Disorders

Board Certified Neurologists and Neurosurgeons
www.collierneurologic.com
3200 Bailey Lane, Suite 200, Naples, FL 34105

Physical Medicine and Rehabilitation Pain Diagram

Please mark the area of injury or discomfort on the chart below, using the appropriate symbols:

Numbness	Pins & Needles	Burning	Aching	Stabbing
- - - - - -	o o o o o	^ ^ ^ ^ ^	x x x x	⊗ ⊗ ⊗ ⊗



Neurosurgeons
Gary P. Colón, M.D.
Jon Nelson, PA-C
Courtney Kaiser, PA-C

Ph: 239-262-1721
Fax: 239-262-1045

Neurologists
John D. Campbell, M.D.
William A. Justiz, M.D.
Matthew J. Baker, M.D.
Maria E. Santiago, M.D.

Ph: 239-262-8971
Fax: 239-262-5903

Psychologists
Steven E. Smith, Psy.D., B.C.I.A.C
David E. Cox. PhD

Ph: 239-262-5368
Fax: 239-262-0163

Physiatrist
David W. Krueger, M.D.
Amy O'Brien, PA-C

Ph: 239-262-1721
Fax: 239-262-1045