

Intake Forms for SCPS

Today's Date:

Name:

Date of Birth:

Thank you for taking the time to complete these forms. Having this information ahead of time for your visit will allow us to focus more on your pain instead of gathering information.

Who lives with you at home? _____

What are your current coping strategies for pain?

Staying busy

Exercise

Spending time with others

Doing enjoyable things

Meditation

Distraction techniques

Other: _____

What is your current occupation? _____

What is your highest level of education? _____

Are you currently in a lawsuit regarding your pain?	No	Yes
Do you have a private insurance plan outside of your health card?	No	Yes

Do you have any of the following conditions (even if well controlled and/or in remission)?

Anxiety	No	Yes
Depression	No	Yes
Bipolar Depression	No	Yes
Borderline Personality Disorder	No	Yes
Post-Traumatic Stress Disorder (PTSD) or complex PTSD	No	Yes
Diabetes	No	Yes
Cancer	No	Yes

ORT/ACE:

Do you have any relatives with a history of?

Alcohol Abuse	No	Yes
Illegal Drug Abuse	No	Yes
Prescription Drug Abuse	No	Yes
Would you want your children to have the same upbringing that you did?	No	Yes
Do you smoke or vape?	No	Yes

How many alcoholic beverages do you drink in a week (on average)?

Never	1-14	15-28	29-42	43+
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How often do you use recreational drugs such as marijuana, cocaine or ecstasy?

Never	Once a week	Once a month	Once a year	Daily
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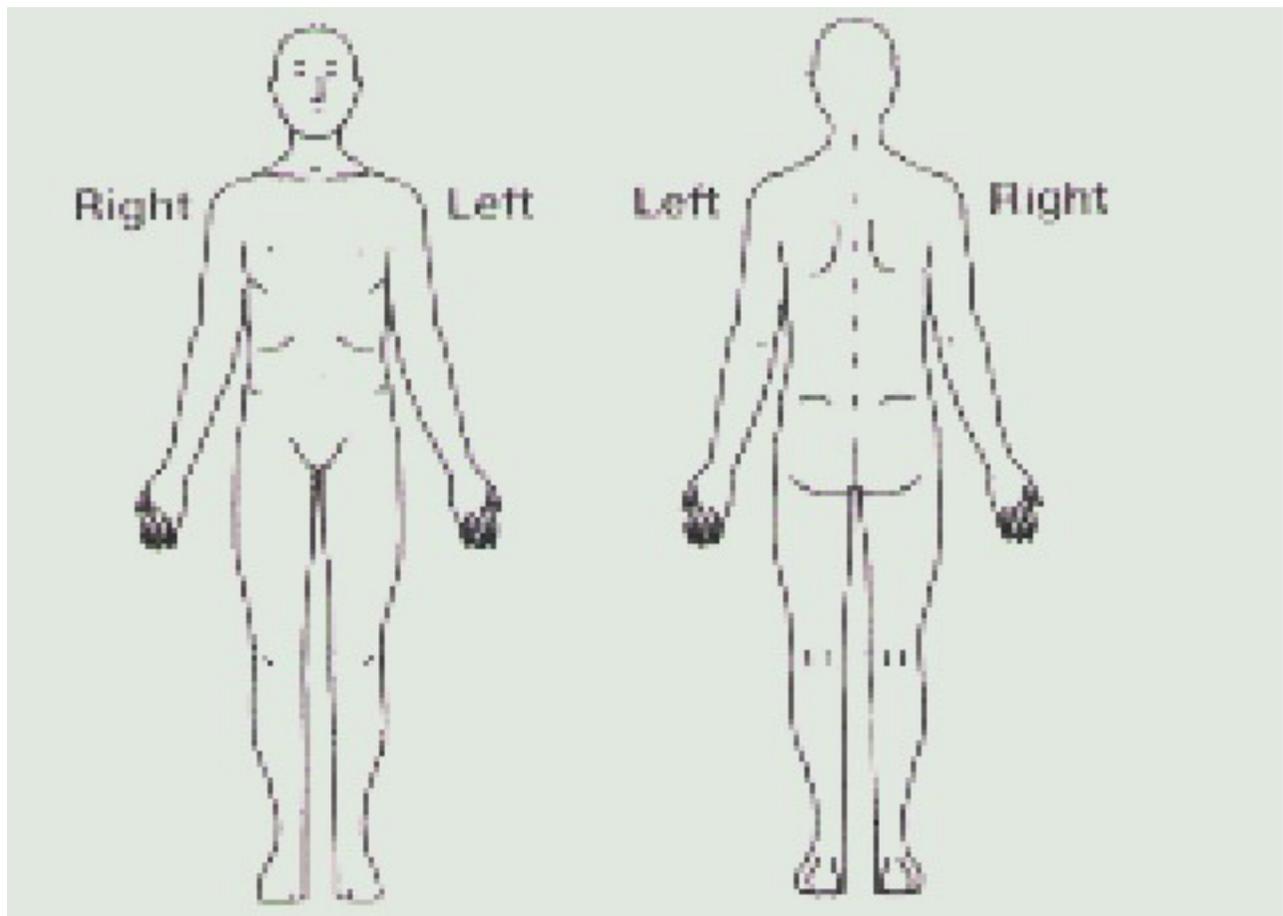
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What treatments or over the counter medications are you involved with for your pain? Check all that apply.

- Advil/ibuprofen
- Aleve/naproxen/vimovo
- Tylenol extra strength
- Tylenol #1
- Topical treatments (A535, voltaren)
- Physiotherapy
- Chiropractic care

- Acupuncture/Dry needling
- Massage
- Yoga, Tai Chi, Swimming
- Meditation, Mindfulness
- Other exercise
- Counseling, cognitive behavioural therapy

On the diagram, check the areas where you feel pain.



What area is the ***MOST*** painful? _____

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Please rate your pain by selecting the one number that best describes your pain at its **WORST** in the past 24 hours.

0	1	2	3	4	5	6	7	8	9	10
No Pain						Pain as bad as you can imagine				

Please rate your pain by selecting the one number that best describes your pain at its **LEAST** in the past 24 hours.

0	1	2	3	4	5	6	7	8	9	10
No Pain						Pain as bad as you can imagine				

Please rate your pain by selecting the one number that best describes your pain on **AVERAGE**.

0	1	2	3	4	5	6	7	8	9	10
No Pain						Pain as bad as you can imagine				

Please rate your pain by selecting the one number that tells how much pain you have **RIGHT NOW**.

0	1	2	3	4	5	6	7	8	9	10
No Pain						Pain as bad as you can imagine				

In the past 24 hours, how much **RELIEF** have pain treatments or medications provided? Please selecting the one percentage that most shows how much.

0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
No Relief									Complete Relief	

If all of your pain medications were stopped today, how much **WOULD YOUR PAIN GO UP?** Please selecting the percentage that shows how much.

0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
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What are your overall goals of coming here?

How will you know if you're making progress (ie, what will change in your life)?

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Select the one number that describes how, during the past 24 hours, **PAIN HAS INTERFERED** with your:

General Activity:

0	1	2	3	4	5	6	7	8	9	10
Does not interfere								Completely interferes		

Mood:

0	1	2	3	4	5	6	7	8	9	10
Does not interfere								Completely interferes		

Walking ability:

0	1	2	3	4	5	6	7	8	9	10
Does not interfere								Completely interferes		

Normal work (includes both work outside the home and housework):

0	1	2	3	4	5	6	7	8	9	10
Does not interfere								Completely interferes		

Relations with other people:

0	1	2	3	4	5	6	7	8	9	10
Does not interfere								Completely interferes		

Sleep:

0	1	2	3	4	5	6	7	8	9	10
Does not interfere								Completely interferes		

Enjoyment of life:

0	1	2	3	4	5	6	7	8	9	10
Does not interfere								Completely interferes		

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Past Pain Medication

The following is a list of pain medications. Please let us know if you tried them in the past, or are currently taking them, or don't recall trying them by selecting the appropriate box.

Arthrotec	Didn't work	Stopped working	Side effects	Taking now	Never took
Naproxen	Didn't work	Stopped working	Side effects	Taking now	Never took
Meloxicam	Didn't work	Stopped working	Side effects	Taking now	Never took
Celebrex	Didn't work	Stopped working	Side effects	Taking now	Never took
Baclofen	Didn't work	Stopped working	Side effects	Taking now	Never took
Cyclobenzaprine	Didn't work	Stopped working	Side effects	Taking now	Never took
Robaxacet	Didn't work	Stopped working	Side effects	Taking now	Never took
Amitriptyline	Didn't work	Stopped working	Side effects	Taking now	Never took
Nortriptyline	Didn't work	Stopped working	Side effects	Taking now	Never took
Trazodone	Didn't work	Stopped working	Side effects	Taking now	Never took
Duloxetine/Cymbalta	Didn't work	Stopped working	Side effects	Taking now	Never took
Gabapentin	Didn't work	Stopped working	Side effects	Taking now	Never took
Pregabalin/Lyrica	Didn't work	Stopped working	Side effects	Taking now	Never took
Tegretol/Carbamazepine	Didn't work	Stopped working	Side effects	Taking now	Never took
Topamax/Topiramate	Didn't work	Stopped working	Side effects	Taking now	Never took
Triptans (Imitrex, Maxalt)	Didn't work	Stopped working	Side effects	Taking now	Never took
Tramadol	Didn't work	Stopped working	Side effects	Taking now	Never took
Cesamet/Nabilone	Didn't work	Stopped working	Side effects	Taking now	Never took
Marijuana	Didn't work	Stopped working	Side effects	Taking now	Never took
MS-Contin/M-Eslon	Didn't work	Stopped working	Side effects	Taking now	Never took
Kadian	Didn't work	Stopped working	Side effects	Taking now	Never took
Oxy Neo	Didn't work	Stopped working	Side effects	Taking now	Never took
OxyContin	Didn't work	Stopped working	Side effects	Taking now	Never took
Methadone	Didn't work	Stopped working	Side effects	Taking now	Never took
Hydromorphone(dilaudid)	Didn't work	Stopped working	Side effects	Taking now	Never took
Hydromorph Contin	Didn't work	Stopped working	Side effects	Taking now	Never took
Fentanyl Patches	Didn't work	Stopped working	Side effects	Taking now	Never took
Nucynta	Didn't work	Stopped working	Side effects	Taking now	Never took
Butrans Patches	Didn't work	Stopped working	Side effects	Taking now	Never took
Suboxone	Didn't work	Stopped working	Side effects	Taking now	Never took
Tylenol #3	Didn't work	Stopped working	Side effects	Taking now	Never took
Bupropion	Didn't work	Stopped working	Side effects	Taking now	Never took
Prazosin	Didn't work	Stopped working	Side effects	Taking now	Never took
Propranolol	Didn't work	Stopped working	Side effects	Taking now	Never took
Other: _____	Didn't work	Stopped working	Side effects	Taking now	Never took

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HADS – this is a screening tool for symptoms of anxiety and depression. Please select the answer that is closest to how you have been feeling in the past week. Don't take too long over you replies: your immediate answer is best.

I feel tense or 'wound up':

Most of the time	A lot of the time	Occasionally	Not at all
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I still enjoy the things I used to enjoy:

Definitely as much	Not quite so much	Only a little	Hardly at all
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I get a sort of frightened feeling as if something awful is about to happen:

Definitely and quite badly	Yes, but not too badly	A little, but it doesn't worry me	Not at all
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I can laugh and see the funny side of things:

As much as I always could	Not quite so much now	Definitely not so much now	Not at all
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Worrying thoughts go through my mind:

A great deal of the time	A lot of the time	Not too often	Only occasionally
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I feel cheerful:

Not at all	Not often	Sometimes	Most of the time
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I can sit at ease and feel relaxed:

Definitely	Usually not often	Not often	Not at all
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I feel as if I am slowed down:

Nearly all the time	Very often	Sometimes	Not at all
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I get a sort of frightened feeling like 'butterflies' in the stomach:

Not at all	Occasionally	Quite often	Very often
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I have lost interest in my appearance:

Definitely	I don't take as much care as I should	I may not take quite as much care	I take just as much care as ever
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I feel restless as I have to be on the move:

Very much	Quite a lot	Not very much	Not at all
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I look forward with enjoyment to things:

As much as I ever did	Rather less than I used to	Definitely less than I used to	Hardly at all
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I get sudden feelings of panic:

Very often	Quite often	Not very often	Not at all
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I can enjoy a good book or radio or TV program:

Often	Sometimes	Not often	Very seldom
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Primary Care PTSD screen:

In your life, have you ever had any experience that was so frightening, horrible or upsetting that in the past month you:

Have had nightmares about it or thought about it when you did not want to?	No	Yes
Tried hard not to think about it or went out of your way to avoid situations that reminded you of it?	No	Yes
Were constantly on guard, watchful, or easily startled?	No	Yes
Felt numb or detached from others, activities, or your surroundings?	No	Yes

PCS-EN version

We are interested in the types of thoughts and feelings that you have when you are in pain. Listed below are thirteen statements describing different thoughts and feelings that may be associated with pain. Using the scale after each statement, please indicate the degree to which you have these thoughts and feelings when you are experiencing pain.

0 - Not at all	1 - To a slight degree	2 - To a moderate degree	3 - To a great degree	4 - All the time
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I worry all the time about whether the pain will end:	0	1	2	3	4
I feel I can't go on:	0	1	2	3	4
It's terrible and I think it's never going to get any better:	0	1	2	3	4
It's awful and I feel that it overwhelms me:	0	1	2	3	4
I feel I can't stand it anymore:	0	1	2	3	4
I become afraid that the pain will get worse:	0	1	2	3	4
I keep thinking of other painful events:	0	1	2	3	4
I anxiously want the pain to go away:	0	1	2	3	4
I can't seem to keep it out of my mind:	0	1	2	3	4
I keep thinking about how much it hurts:	0	1	2	3	4
I keep thinking about how badly I want the pain to stop	0	1	2	3	4
There's nothing I can do to reduce the intensity of the pain:	0	1	2	3	4
I wonder whether something serious may happen:	0	1	2	3	4