Coastal Pain & Spinal Diagnostics Medical Group, Inc.

Nathan Miller, MD | Yogesh Patel, MD | Ankush Bansal, MD | Evan Goodman, MD

6221 Metropolitan St., Suite 201 Carlsbad, CA 92009
2020 Camino Del Rio N, Ste 805, San Diego, CA 92108
Phone: (760) 753-7127 Fax (760)334-0399
www.CoastalPainGroup.com

NAME: ______________________________

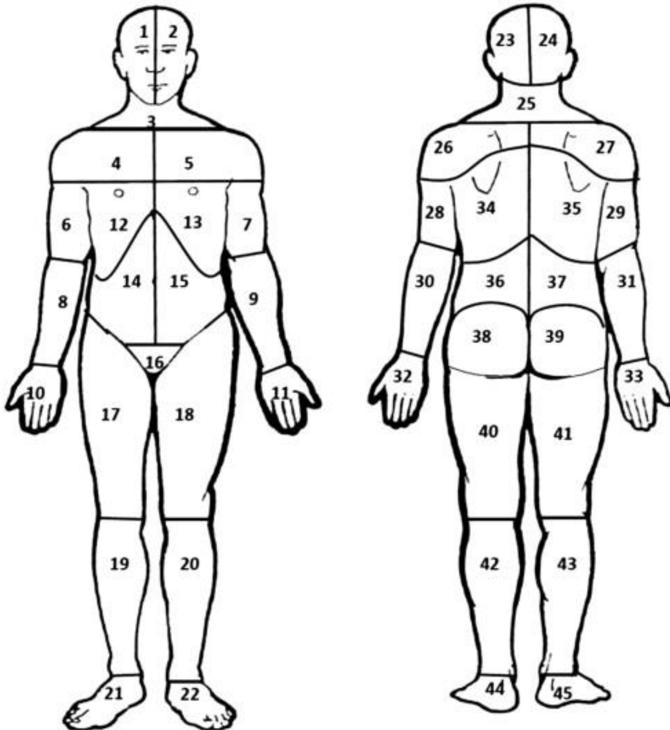
TODAY'S DATE: ______________________

DATE OF BIRTH: _______/ _____/_________

Question 1

Circle number closest to your primary area of complaint.

We are happy to discuss any additional areas/concerns you want evaluated/ examined during your appointment.



Question 2

Using the reference below check ☑ your current pain score for the above complaint. **Select only one number.**

0 No Hurt

Hurts Little Bit

Hurts Little More

Hurts Even More

Hurts Whole Lot

Hurts Worst 10

Question 3

Is your pain... (check ☑ all that apply)
Select at least one.

☐ constant? ☐ episodic?

☐ associated with morning stiffness?

Question 4

Check ☑ all the descriptions that apply to your primary area of complaint. **Select at least one.**

☐ radiating ☐ numbness ☐ burning

☐ aching ☐ sharp ☐ shooting

☐ tingling/ pins and needles

Question 5

Do medications managed by this clinic improve your quality of life and/or function?

(check ☑ only one)

☐ yes

☐ yes, but I want to discuss medication changes

☐ no ☐ no medications managed by this clinic

Question 6

Circle the symptoms that have developed or changed **<u>in the last 30 days</u>.**
Leave blank if none apply.

Constitutional: fever, chills, night sweats, constipation, diarrhea, nausea, vomiting, unintentional weight loss **ENMT:** difficulty swallowing, dental changes **CV**: swelling, fainting **Resp:** shortness of breath, difficulty breathing **GI**: new bowel changes **GU:** new bladder changes **MSK**: pain with walking, joint stiffness, joint swelling **Neuro:** dizziness, tremors, loss of balance, new numbness, new weakness **Psych:** stress, difficulty thinking, anxiety **Endo:** hot flashes, sweating, fatigue, weight gain