



New Patient Questionnaire

Today's Date: _____

Appointment Date: _____

Name: _____ DOB: _____ Age: _____

Current Pain Details

Please indicate all your areas of pain using the following symbols to fill in the diagram →

N= Numbness

+ = Sharp

*** = Burning**

= Aching

// = Pins & Needles

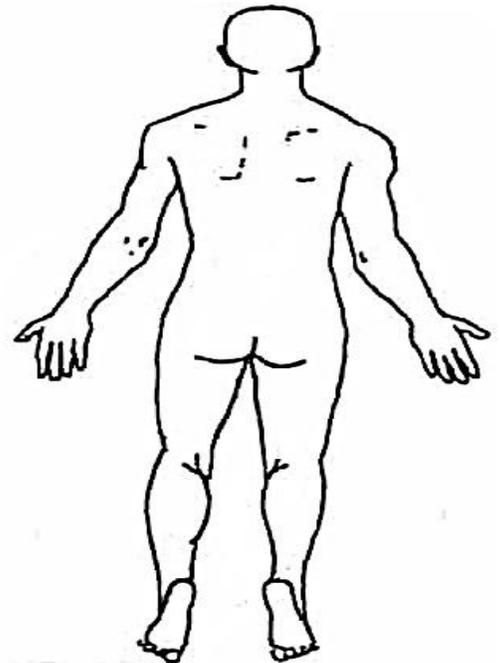
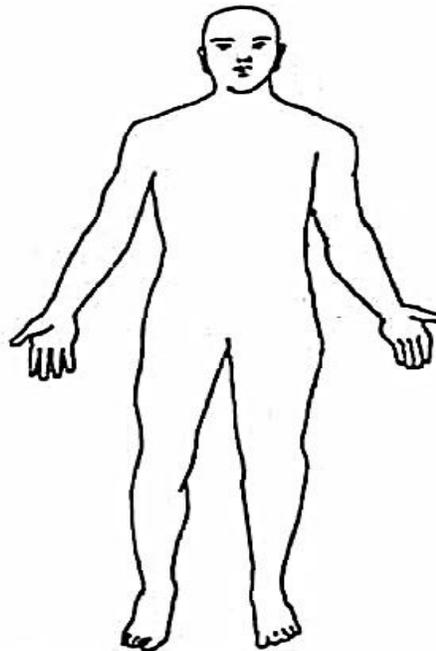
✓ = Shooting

○ = Other: _____

Where is your worst pain located?

Does your pain radiate? _____

If yes, how? _____



Current Pain Score: _____ Average Pain Score: _____

What makes your pain better or worse?

Have you developed any of the following? (please circle all that apply)

Numbness, Chills, Vomiting, Weakness, Depression, Fevers, Nausea, Bowel Incontinence, Difficult Walking, Poor sleep, Current Infection, Bladder Incontinence, Paresthesia, Balance Problems, Fatigue
 ___ No, I have not developed any of these problems

Social History

Do you drink alcohol? Never ___ Socially ___ Often ___

Have you misused prescription drugs? Yes ___ No ___

Do you smoke? No ___ Yes ___ Quit ___

Has a family member abused alcohol, drugs, meds? _____

Have you used illegal drugs? Yes ___ No ___

Females – Are you pregnant? _____

Other Therapies Tried

Which of the following therapies have you tried? (circle any that you have tried)

Physical Therapy, TENS, Acupuncture, Biofeedback, Brace Support, Traction, Psychological Therapy, Injections
 Surgery, Massage Therapy, Chiropractor, Ice, Heat, Daily Exercise, Other: _____

Name: _____

Past Medical History (circle all that apply under each section)	
(1) General: Cancer, Diabetes, Headaches, Migraines, High Cholesterol, Hypertension, Kidney Dysfunction, Liver Dysfunction	(6) Respiratory: Asthma, COPD, Bronchitis Emphysema
(2) Head/Eyes/Ears/Nose/Throat: Cataracts, Hypothyroidism, Hyperthyroidism, Head Injury, Stroke	(7) Infectious Disease: Hepatitis (A)(B)(C), HIV/AIDS, MRSA, Pneumonia, Tuberculosis Current Infection: _____
(3) Gastrointestinal: Dialysis, Kidney Stones, Urinary Incontinence, UTI's Bladder Infections	(8) Neuropsychological: Alzheimer disease, Anxiety, Bipolar Disorder, Depression, Epilepsy, Multiple Sclerosis, Paralysis, Peripheral neuropathy, Seizures, Schizophrenia
(4) Cardiovascular: Anemia, Heart Murmur, Angina, Coronary Artery Disease, Heart Attack Peripheral Vascular Disease, Phlebitis, Vascular Disease	(9) Musculoskeletal: Amputation, Bursitis, Tendonitis, Reflex, Fracture, Central Pain Syndrome, Chronic Joint Pain, Chronic Low Back Pain, Chronic Neck Pain, Elbow Pain, Fibromyalgia, Joint Injury, Epicondylitis, Osteoarthritis, Osteoporosis, Phantom Limb Pain, Rheumatoid Arthritis, Sympathetic Dystrophy/CRPS Vertebral Compression
(5) Gastrointestinal: Bowel Incontinence, Diarrhea, Constipation, Chhorn's/Ulcerative, Colitis, GI Bleeding, GERD/Heartburn, Irritable Bowel Syndrome, Ulcers	Other: please describe
Family History	Past Surgical History
<input type="checkbox"/> Chronic pain <input type="checkbox"/> Arthritis <input type="checkbox"/> Rheumatoid Arthritis <input type="checkbox"/> Cancer <input type="checkbox"/> Kidney Problems <input type="checkbox"/> Liver Problems <input type="checkbox"/> Headaches	<input type="checkbox"/> Diabetes <input type="checkbox"/> Hypertension <input type="checkbox"/> Heart disease <input type="checkbox"/> Lung disease <input type="checkbox"/> Seizure History <input type="checkbox"/> Depression <input type="checkbox"/> Stroke
Review of Systems (circle all that apply to you)	
Genitourinary: Urinating Frequently, Urgency, Painful, Blood, Kidney stones, Kidney disease, Flank Pain	Skin: Dryness, Rash, Shingles, Hay Fever, Itching, Ulcers Seasonal Allergies
Respiratory: Shortness of breath, Cough, Wheezing	Endocrine: Cold Intolerance, Heat Intolerance, Hot flashes
Gastrointestinal: Abdominal Pain, Diarrhea, Acid Reflux/heart burn, Hernia, Blood in stool, Ulcer disease, Liver disease, Constipation, Irritable bowel syndrome, Nausea/Vomiting	Musculoskeletal: Back pain, Joint pain, Muscle spasms, Edema, Skin temperature changes, Skin color changes, Increase sensitivity to touch
Neurological: Carpal Tunnel Syndrome, Dizziness, Numbness, Seizures, Stroke, Dementia, Headaches, Weakness, Tremors, Loss of Balance /Coordination, Migraines, Hydrocephalus	Constitutional: Fevers, Chills, Night Sweats, Loss of Appetite, Tremors, Unexplained Weight loss or gain, Excessive sweating, Insomnia, Fatigue
Cardiovascular: Chest pain, Fainting, Swelling in feet, Shortness of breath, Irregular heartbeat, Pacemaker, Heart failure, Dizziness, High blood pressure, angina, blood clots, murmur	Head/Eyes/Ears/Nose/Throat: Blurred vision, Vertigo, Dry mouth, Abnormal smells, Sore throat, Difficulty swallowing, excessive tearing, Glaucoma, Ringing in ears, Sinusitis, Hearing Loss, Dental issues, Earaches, Sinus problems, Glasses, Cataracts
Psychiatric: Depression, Anxiety, Stress, Poor sleep, Difficulty thinking	Reproductive: Inability to have sex due to pain Decreased sex drive