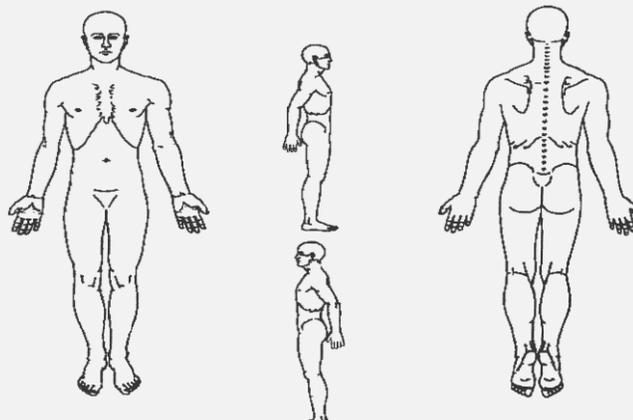


PATIENT INTAKE FORM			
TODAY'S DATE		PATIENT NAME	
		DATE OF BIRTH	
PHYSICIAN INFORMATION			
REFERRING PHYSICIAN		WHICH DIAGNOSTIC STUDIES HAVE BEEN DONE TO EVALUATE YOUR PAIN? (CIRCLE ALL THAT APPLY)	WHICH TREATEMENTS HAVE BEEN DONE FOR YOUR PAIN? (CIRCLE ALL THAT APPLY)
PRIMARY CARE PHYSICIAN		****PLEASE BRING COPIES OF THE REPORTS OR FILMS OF MRI, CT, XRAY, EMG/NCS, ETC.****	INJECTION TREATMENTS
PLEASE LIST THE NAMES OF OTHER HEALTHCARE PROFESSIONALS THAT HAVE BEEN INVOLVED IN THE MANAGEMENT OF YOUR PAIN		DIAGNOSTIC TEST NAME (CIRCLE ALL THAT APPLY)	CHIROPRACTIC TREATMENTS
ORTHOPEDIC SURGEON		MRI	ACUPUNCTURE
PAIN SPECIALIST		CT SCAN	SURGICAL TREATMENTS
CHIROPRACTOR		X-RAY	PHYSICAL THERAPY
NEUROLOGIST		EMG/NERVE CONDUCTION STUDIES	PSYCHOLOGICAL TREATMENTS
NEUROSURGEON		BONE SCAN	OTHER
PHYSICAL THERAPIST		BLOOD TESTS	
OTHER		OTHER	
PAIN HISTORY			
PLEASE DESCRIBE YOUR PAIN PROBLEM. MARK WHERE YOUR PAIN IS LOCATED, INCLUDING ANY SPREADING OR RADIATING. PLEASE STATE SIDE OF BODY R=RIGHT, L=LEFT, B=BOTH SIDES		WHEN DID YOUR PAIN FIRST BEGIN? (# OF MONTHS, YEARS OR CALENDAR YEAR)	
HEAD FOREHEAD BACK OF HEAD EYE FACE NECK SHOULDER BETWEEN SHOULDER BLADES ELBOW HAND UPPER BACK LOWER BACK BUTTOCKS CHEST WALL FLANK ABDOMEN PELVIS GROIN THIGH KNEE CALF FOOT OTHER	HOW DID YOUR PAIN BEGIN? (CHOOSE ONE OPTION)		
	NO TRIGGERING EVENT/SPONTANEOUS		
	AFTER AN ACCIDENT	DATE OF ACCIDENT	WORK RELATED? YES NO
			PENDING LITIGATION? YES NO
	AFTER SURGERY	DATE OF SURGERY	
	OTHER		
	HOW DOES YOUR PAIN CHANGE WITH TIME? (Please CIRCLE all that apply)		
	CONTINUOUS	RHYTHMIC	BRIEF
	STEADY	PERIODIC	MOMENTARY
	CONSTANT	INTERMITTENT	TRANSIENT
WHAT MAKES YOUR PAIN WORSE?			
WHAT MAKES YOUR PAIN BETTER?			
HOW DOES THE PAIN AFFECT YOUR LIFESTYLE? (WHAT CAN YOU NO LONGER DO BECAUSE OF THE PAIN?)			
PLEASE USE THE DIAGRAM BELOW TO DEMONSTRATE WHERE YOUR PAIN IS LOCATED BY SHADING IN THE PAINFUL AREAS			
WHAT DOES YOUR PAIN FEEL LIKE? Please CIRCLE all that apply			
SHARP	DULL		
BURNING	ACHING		
ELECTRICITY	SORE		
SHOOTING	HURTING		
STABBING	HEAVY		
LANCINATING	TENDER		
TINGLING	TIRING		
THROBBING	SICKENING		
POUNING	TERRIFYING		
CRAMPNG	PUNISHING		
CRUSHING	BLINDING		
PULLING	ANNOYING		
MISERABLE	AGONIZING		
INTENSE	DREADFUL		
UNBEARABLE	TORTURING		
TROUBLESOME	TIGHT		
PENETRATING	NUMB		
PIERCING	SQUEEZING		
COOL	WARM		
COLD	HOT		
NAUSEATING			