

# DOLORA PAIN MANAGEMENT ASSOCIATES, P.C.

S. KHAN, M.D.

PLEASE COMPLETE ALL Y/N QUESTIONS

## PATIENT HISTORY FORM

|  |  |             |  |                      |          |                 |             |
|--|--|-------------|--|----------------------|----------|-----------------|-------------|
| <b>NAME:</b>   |  |             |  |                      |          |                 |             |
| <b>Date of Birth:</b>  |  | <b>Age:</b> |  | <b>Sex:</b>          |          |                 |             |
|  |  |             |  | <b>Today's Date:</b> |          |                 |             |
| <div style="font-size: 2em; margin-bottom: 10px;">➔</div> <div style="font-size: 2em; margin-top: 10px;">➔</div>   | <b>Review of Systems: Circle any of the following symptoms you have had or now have:</b>   |             |  | <b>Y</b>             | <b>N</b> | <b>Comments</b> | <b>Date</b> |
|  | <b>Ears &amp; Hearing:</b> ringing, drainage, loss of hearing  |             |  |                      |          |                 |             |
|  | <b>Nose &amp; Throat:</b> hoarseness, difficulty swallowing, nosebleed, frequent sneezing  |             |  |                      |          |                 |             |
|  | <b>Respiratory:</b> shortness of breath, wheezing, cough   |             |  |                      |          |                 |             |
|  | <b>Cardiovascular:</b> chest pain, abnormal heartbeat, swelling of ankles or feet, varicose veins  |             |  |                      |          |                 |             |
|  | <b>Gastrointestinal:</b> abdominal pain, nausea or vomiting, loss of appetite, diarrhea, blood in stool, constipation  |             |  |                      |          |                 |             |
|  | <b>Genitourinary:</b> urinary incontinence, blood in urine, increased frequency, painful urination. <b>Female:</b> breast discharge, painful menses, infertility. <b>Male:</b> penile pain, infection or sores, erectile dysfunction |             |  |                      |          |                 |             |
|  | <b>Integumentary:</b> itching skin, rashes, sores not healing  |             |  |                      |          |                 |             |
|  | <b>Musculoskeletal:</b> joint pain or swelling, difficulty walking, neck or back pain  |             |  |                      |          |                 |             |
|  | <b>Neurological:</b> headaches, dizziness, seizures, numbness or tingling, lapse of memory, blackouts  |             |  |                      |          |                 |             |
|  | <b>Psychological:</b> depression, excessive worry, severe tension, hopelessness  |             |  |                      |          |                 |             |
|  | <b>Past Medical/Surgical History:</b> Please list any surgeries  |             |  |                      |          |                 |             |
|  | 1.   |             |  |                      |          |                 |             |
|  | 2.   |             |  |                      |          |                 |             |
|  | 3.   |             |  |                      |          |                 |             |
| 4.   |  |             |  |                      |          |                 |             |
| <b>Have you been treated for any of the following:</b> high blood pressure, heart murmur, diabetes, epilepsy, cancer, asthma, emphysema, ulcer, anemia, thyroid disease, colitis, rheumatoid arthritis, <b>HIV/AIDS, herpes, hepatitis, or tuberculosis?</b> |  |             |  |                      |          |                 |             |
| <b>Other:</b>  |  |             |  |                      |          |                 |             |
| <b>Medications:</b>  |  |             |  |                      |          |                 |             |
| <b>Allergies:</b>  |  |             |  |                      |          |                 |             |
| <b>Family History:</b> Single Married Divorced   |  |             |  |                      |          |                 |             |
| <b>Is this injury job related?</b>   |  |             |  |                      |          |                 |             |
| <b>Any lawsuit filed or intended?</b>  |  |             |  |                      |          |                 |             |
| <b>Are you currently working?</b>  |  |             |  |                      |          |                 |             |
| <b>SOCIAL HISTORY:</b> indicate approximate use/intake   |  |             |  |                      |          |                 |             |
| Tobacco products/smoking: How much?  |  |             |  |                      |          |                 |             |
| Alcohol/Street drugs:  |  |             |  |                      |          |                 |             |

Patient Signature: \_\_\_\_\_ Physician Signature: \_\_\_\_\_



Date reviewed: \_\_\_\_\_

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## McGill Pain Questionnaire

Circle only **ONE** word from each word group **ONLY** if it applies to your pain.

- |   |  |   |   |
|---|--|---|---|
| 1. Flickering<br>Quivering<br>Pulsing<br>Throbbing<br>Beating<br>Pounding | 2. Jumping<br>Flashing<br>Shooting                       | 3. Pricking<br>Boring<br>Drilling<br>Stabbing<br>Lacerating | 4. Sharp<br>Cutting<br>Lacerating                                 |
| 5. Pinching<br>Pressing<br>Gnawing<br>Cramping<br>Crushing                | 6. Tugging<br>Pulling<br>Wrenching                       | 7. Hot<br>Burning<br>Scalding<br>Searing                    | 8. Tingling<br>Itchy<br>Smarting<br>Stinging                      |
| 9. Dull<br>Sore<br>Hurting<br>Aching<br>Heavy                             | 10. Tender<br>Taut<br>Rasping<br>Splitting               | 11. Tiring<br>Exhausting                                    | 12. Sickening<br>Suffocating                                      |
| 13. Fearful<br>Frightful<br>Terrifying                                    | 14. Punishing<br>Grueling<br>Cruel<br>Vicious<br>Killing | 15. Wretched<br>Blinding                                    | 16. Annoying<br>Troublesome<br>Miserable<br>Intense<br>Unbearable |
| 17. Spreading<br>Radiating<br>Penetrating<br>Piercing                     | 18. Tight<br>Numb<br>Drawing<br>Squeezing<br>Tearing     | 19. Cool<br>Cold<br>Freezing                                | 20. Nagging<br>Nauseating<br>Agonizing<br>Dreadful<br>Torturing   |