THE CHRONIC PAIN CENTER

15100 Washington St #102, Haymarket, VA 20169
Email: paininvirginia@gmail.com
Tel: (703) 313-8550

Patient Information

Referring Physician_____

Today's Date _____

If Applicable:

Accident date_____

Responsible Insurance Co._____

Claim Number_____ Contact Person_____

If Applicable:

Worker's Compensation Date_____

Company_____

Claim Number_____

Medicare: *Unfortunately we cannot accept Medicare*

IDENTIFICATION

Name_____

Street_____

City_____State_____Zip_____

Email_____

Phone (include area code)

H_____W_____C_____

Date of Birth _____Height_____Weight_____

Social Security No._____

Marital Status (S)___ (M)___ (W)___ (D)____ Significant Other___

Children's Names and Ages_____

_____

_____

VOCATION

Present Occupation_____

Previous Occupation_____

I am still working_____

I last worked_____

I stopped work because_____

SPOUSE/SIGNIFICANT OTHER:

Name_____

Occupation_____

I live with Spouse__ Family Member__ Friend__

Children__ Partner__ Alone__

I am satisfied with this arrangement YES___ NO__ Not Sure__

ACTIVITY - HOBBY - RECREATION HISTORY

Past_____

Before Pain_____

Now_____

What do you do for relaxation?_____

_____

PAIN:	LEFT	RIGHT
Headaches	____	____
Neck	____	____
Shoulder	____	____
Scapula	____	____
Arms	____	____
Forearms	____	____
Hands	____	____
Fingers	____	____
Chest	____	____
Abdomen	____	____
Upper Back	____	____
Mid Back	____	____
Lower Back	____	____
Groin	____	____
Hip	____	____
Knees	____	____
Legs	____	____
Feet	____	____
Other_____	____	____

When did your pain first start?_____

_____

How did your pain start?_____

_____

How long have you had pain at the present level? _____

_____

Pain is present:

__During Activity __At Rest __All the time

What do you think causes your pain now?_____

_____

What increases your pain?_____

_____

What gives pain relief?_____

_____

What medications are you taking - for the pain or any medical condition? _____

_____

_____

What surgeries / accidents have you had - starting with the most recent? _____

_____

_____