

Pain Information Form

PATIENT'S NAME _____ Date _____

PAIN? Please check all that apply:

Yes No Location: _____
 Pain Quality (sharp, dull, stabbing) _____
 Pain Severity Scale (1 - 10) _____ Duration _____
 Pain Timing (when it starts, how long it lasts) _____
 Pain Radiates where? _____
 What makes it worse? (walking, bending) _____
 What makes it better? _____
 Is the pain getting better, worse or same? _____
 Associated signs/symptoms? (swelling, redness, etc.) _____
 Treatment sought (saw a doctor/treatment prescribed)? _____

X-Ray taken? Yes No Where? _____
 When? _____
 Type of Xray? _____

MRI taken? Yes No Where? _____
 When? _____
 Type of MRI? _____

Constitutional Problems

Good general health No Yes
 Recent weight gain No Yes _____ lbs.
 Recent weight loss No Yes _____ lbs.

Eyes

Eye Disease/injury Yes
 Blurred Double Vision Yes
 Glaucoma Yes

Ears, Nose, Mouth, Throat

Hearing loss/ringing Yes
 Swollen glands Yes

Cardiovascular

Chest pain/angina Yes
 Palpitations Yes
 Shortness of breath (walking) Yes
 Shortness of breath (lying) Yes
 Swelling of nakles, hands, feet Yes

Respiratory

Chronic of frequent coughs Yes
 Shortness of breath Yes
 Asthma/wheezing Yes

Gastrointestinal

Loss of Appetite Yes
 Change in bowel movements Yes
 Nausea/vomiting/diarrhea Yes
 Blood in stool Yes

Genitourinary

Blood in urine Yes
 Frequent urination Yes
 Incontinence/dribbling Yes

Musculoskeletal

Joint pain Yes
 Joint stiffness, swelling Yes
 Muscle or joint weakness Yes
 Muscle pain or cramps Yes
 Cold extremities Yes
 Back pain Yes
 Difficulty walking Yes

Skin

Rash or itching Yes
 Skin nodules Yes

Neurological

Convulsions or seizures Yes
 Numbness or tingling Yes
 Tremors Yes
 Paralysis/stroke Yes

Psychiatric

Memory loss or confusion Yes
 Depression Yes
 Insomnia Yes
 Nervousness Yes

Endocrine

Diabetes Yes
 Thyroid disease Yes
 Heat or cold intolerance Yes

Hematologic

Slow to heal after cuts Yes
 Bleeding or bruising Yes
 Anemia Yes
 Phlebitis Yes
 Past Transfusions Yes
 Enlarged Glands Yes

