1700 Riverside Circle, Suite 200

Easton, PA 18045

Phone: (484) 503-0050 Fax: (484) 503-0003

## St Luke's Spine Institute

## Initial Physiatry Questionnaire

	Date:	Date of F	irst Visit:
Please complete this	form prior to your first v	isit to the Spine In	stitute.
Name:	Age:	Date	of birth:
Referring Physician:			
What is the main problem for which you are	e seeking treatment?		
How long have you had this current pain pr	oblem?Years	Months	Weeks
Please check: Are you 🚨 Right Handed	☐ Left Handed		
How did your current pain start?  Injury at work Injury – not at work Motor vehicle accident	te of accident:	<del></del>	.*
☐ Illness, non-injury ☐ Treatment caused (e.g. radiation, surg ☐ Undetermined ☐ Other (please describe):			
In general, over the past month, the inte  Mild  Moderate  Moderate – Severe Severe	nsity of pain has been:		
<ul> <li>With 10 being the most severe, rate yo</li> <li>With 10 meaning your pain greatly integrated does not interfere with activities of dail</li> </ul>	erferes with your activities	of daily living and 0	meaning the pain
How often do you have pain? (Check one ☐ Constantly (100% of the time) ☐ Nearly constantly (60 — 95% of the time) ☐ Intermittently (30 — 60% of the time) ☐ Occasionally (less than 30% of the time)	e)		·
In general, during the past month, when ☐ Morning ☐ Afternoon ☐ Evening ☐ Night ☐ No typical pattern	has your pain been the	worst: (Please ched	ck one)

Diagonal III				
Please describe you				
Burning	☐ Sharp	☐ Pressure-	like	
Cramping	Dull/Aching	Throbbing	İ	
☐ Shooting	Cutting	Other (des	scribe):	
Numbness	☐ Pins and Needl		,	
	numbness, tingling es 🛭 Lower extrem s 🖵 Other (describ	ities		
Pain Location: Pleas painful, please shad	se mark the location le in these areas	n(s) of your pain	on the diagrams with an	"X". If entire areas are
FRON	IT A		Back	

How do the following affect your pain? (Please check one for each item.)

	- J   1 1 1	2000 011001 0110 10	oudif (Citi.)
	DECREASE	NO CHANGE	INCREASE
Prayer			
Lying down			
Standing			
Bending		9	
Sitting		a	
Walking			
Exercise			Ū
Relaxation			
Coughing/Sneezing		Q	
Bowel movements			
Menstruation			

Do you use a: 🔾 Cane 🗘 V	Valker 🚨 Wheel	chair 🚨 No assistance d	evice □Brace
Please list the names of the p	hysicians you ha	ave seen for this pain pr	oblem and the year:
· ·			Voor
			Voor
List all studies you have had	for this problem:	(X-rays, MRIs, CT Scans	, Blood Tests, Myelograms)
Study:	Facility wh	ere taken:	Year:
Study:	Facility wh	ere taken:	Year:
Study:	Facility wh	ere taken:	Year:
Study:	Facility wh	ere taken:	Year:
PAIN TREATMENTS: (Please			
(Trease			·
0	NO RELIEF		EXCELLENT RELIEF
Surgery	u		
Traction			U -
Nerve block/injection		<u>u</u> _	<u> </u>
Physical Therapy		<u></u>	
Exercise			
TENS	Q	<b>.</b>	
Heart/Ice Treatment			
Psychotherapy			
Acupuncture			
Hypnosis			
Biofeedback			
Chiropractic Manipulation			
Osteopathic Manipulation			

FAIN MEDICATIONS	<u>.</u> (Please	cneck a	ili medications you nav	е					
Opioids	Current	Past	NSAIDs / Tylenol	Current	Past	Muscle Relaxants	Current	Past	
Codeine			Acetaminophen (Tylenol®	)   🗖	ם	Alprazolam (Xanax®)			
Demerol			Aspirin			Baclofen			
Fentanyl (Duragesic®)			Celebrex			Carisoprodol (Soma®)			
Hydrocodone (Vicodin®)			lbuprofen (Advil/Motrin®)			Cyclobenzaprine (Flexeril®)			
Hydromorphone (Dilaudid®)			Indocin			Diazepam (Valium®)			
Methadone			Lodine			Lorazepam (Ativan®)			
Morphine (MSContin®)			Meloxicam (Mobic®)	; 🗅		Metaxalone (Skelaxin®)			
Oxycodone (Percocet®)			Nabumetone (Relafen <sup>®</sup> )		a	Parafon Forte			
Oxycontin			Naproxen			Robaxin			
Oxymorphone (Opana®)			Oxaprozin (Daypro®)			Tizanidine (Zanaflex®)			
Tapentadol (Nucynta®)		U	Piroxicam (Feldene®)						
Tramadol (Ultram®)			Salsalate/Trilisate						
William And Market and Andrews and Andrews and Andrews and Andrews And			Toradol						
The state of the s									
An Andrewska skylekowy V sjody promotyci kojek spomoto nazama relicem mojek kojekovinskom m		emenyaniahona menyanyanyanya							
Other	Current	Past	Other	0	Baran	The second secon			
Amitryptilline (Elavil®)			Carbamazepine (Tegretoi®	Current )	Past	Other	Current	Past	
Duloxetine (Cymbalta®)			Depakote (Tegretor			Capsaicin Diclofenac (Flector®)	_ <u>_</u> _		
Nortriptyline (Pamelor®)		il 8 she tale hellingstationally	Departic		ora tolkoko czar	resident streetleter om geograph on grouppy place to the proposition of a geometric position of the con-		A LA STRANGO CARROL AL COMO	
Oral Steroids (eg: Prednisone®)		ON THE PARTY IS A	Gabapenin (Neurontin®)			Lidocaine patch (Lidoderm®)			
Paroxetine (Paxil®)		The second second second second	PS-Garanteers этом этом этом этом расцияется стануем и пострумующего (1910 гг.), в депомующего до	Care of the Control of the reconstitute of the	THE PHILIPPIN TURBER	Pennsaid	delinarant parties and army diffe	ficerity of with a series of the	
Sertraline (Zoloft®)			Imitrex			Voltaren Gel		authorities de la decembra de la dec	
Suboxone (Buprenorphine®)		apara-animana-animana-animana-animana-animana-animana-animana-animana-animana-animana-animana-animana-animana- animana-animana-animana-animana-animana-animana-animana-animana-animana-animana-animana-animana-animana-animan	Klonopin	* Winter Location relationships and	Literaturi arta interdiction, varior aux	Qutenza		de tetteredes produces consp	
Venlafaxine (Effexor®)	www.drambwalaPersity.co		Lyrica (Pregablin®)	PER	lentrational distance in	итэнийнтицтэургэдий үүчээ нь таарууччагч, хаал эхээ — бор бөгөөрүү өвүнөг, чуба с 11.51 авг		COMPRESSOR SECTION SEC	
(St. particularization or management of although the desired of a constitution of the second of the			Savella			Reflicture proporties stractes — to a constitutive season to qualitative as some sector — season sector — seas		o released to a collect the area of the	
en en en en de en		4011420449001400400	Topiramate (Topamax®)			andra a francia como a marin responsable a marinal de secarem messecularis e cue e sec	an appropriate the first		
DAST MEDICAL LICTA	donini andreasana areasan es		BATERFORM P. P. Spanish Symbol (1944 in Arthridd Spanish 1945 1956) . The West School (1945 in Arthridge Spanish 1945) .	ыны такжентары жана жана жана жана жана жана жана жан	ESPANOR MATERIAL PROPERTY OF THE PARTY OF TH	Transpulled of a pain and an open property of the control of the c	gazina masa kindikatan ing at Afrika	ent risen abbreview is the	
PAST MEDICAL HISTO	_	_							
Alcoholism	L	<b>Depres</b>	sion	☐ High Cho	lesterol	☐ Stomach	Ulcers		
Anxiety	<u></u>	<b>]</b> Diabete	es	☐ Hypertension ☐ Stro					
Asthma or Wheezing		Emphy	sema	☐ Kidney Disease ☐ Thyroid			isease		
☐ Bleeding Problem		Fibrom	yalgia	☐ Liver Disease ☐ Addiction to Drugs					
Chest Pain or Angina		GERD/	Reflux	☐ Psychiatr	ic Proble	ems			
Coronary Artery Diseas	e 🗆	Heart A	ttack	🗖 Seizure o	r Epilep	sy			
lame of Psychiatrist/Th	erapist:								
rthritis (specify location									
							<del></del> ,		
ancer (specify type): _			,	4 t s.,	<u>-</u> .		_		
ther (specify):									

	Type of Surgery/Procedure	
LLERGIES TO MED	ICATIONS: List the names of all n	nedications to which you are allergic. Medication
Medication	Type of Reaction	
78 77		
·	ntrast dye used for x-rays? □ Y ex? □ YES □ NO	ES W NO
URRENT MEDICATION	ONS YOU TAKE FOR PAIN:	
	ONS YOU TAKE FOR PAIN:  Dose	Frequency
		Frequency
ame	Dose	Frequency
re these pain medica		Frequency
re these pain medica None of the time Some of the time	Dose	Frequency
re these pain medica None of the time	Dose	Frequency

Name		Dose		quency		
	<u></u>					
				'		
SOCIAL HISTORY:						
	ne Employers	Name:			Phone:	
Unemployed						
☐ Retired						
☐ Student			;			
☐ Homemaker						
Are you unemploye	d or employed	part time of	lue to your present	pain conditio	n? 🗆 YES 🗓 NO	
	<u>PLEA</u>	SE CO	MPLETE AL	L QUES	TIONS	
Do you smoke? 🔲	YES D NO	Do you	drink alcohol? 🗖	YES 🚨 NO	☐ Beer ☐ Wine ☐ Liqu	uor
How much nicotine	per day?		How	many glasses	s per week?	
Do you use recreati				•		
Marital Status: 🚨 I	Married 🗖 Si	ngle 🗀 W	/idowed 📮 Divor	ced 🖸 Sepa	rated	
Do you live alone?	O YES O N	IO Wh	o do you live with?	***		
Are you pregnant?	NO DYES	□ N/A				
EGAL ISSUES: Plea	se-indicate-a	ny-of-the-fo	ollowing claims-y	ou-have-filed	-related-to-your-pain-problem	
☐ Workers Compen	sation 🚨 So	cial Securit	y Disability Insurar	ice		
☐ Personal Injury/Li	ability 🚨 Oth	er Insurand	ce			
AMILY HISTORY: Do	you have a l	amily histo	ory of the following	ng?		
ack Disorder		NO	Heart disease	□YES	s <b>D</b> NO	
igh Blood Pressure		NO	Diabetes	□YES	· · ·	
troke	DYES D	NO	Thyroid Diseas	e 🛚 YES	□NO	
europathy ther:	□YES □	NO	Cancer If Yes, type of c	☐ YES		

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Father	Liv	ing (age)	Deceased (age)	Cause of death	
Mother	musaum.				
Brothers Sisters					
Olsters					
REVIEV	V OF SYSTEMS: Pleas	e check all sy	mptoms that you ha	ve now or have re	cently had.
- Control of the Parties of the Control of the Cont	Recent weight loss	CHARGEMULTON IN A TO THE RESIDENCE CONTROL OF THE STREET O	Wheezing	ti tilihammaka ka pitti — ott manti organis ottakinga ottakinga ottakinga ottakinga ottakinga ottakinga ottaki Ottakinga ottakinga o	Micropert industria in relati comence com-
mble - Carrenavana	Recent weight gain	C. This shall as a second seco	memory loss	The second secon	
	Fever	Manager 15th pt. 100 of the conference Assistantial Conference Con	Loss of consciousness		
jento, some on temperapora	Dizziness		Colmuna		
The right at the dispersion against a	Difficulty swallowing		Easy bruising	and any appropriate of comments and experience of the second	n dia managata in mangantan kanada sa ka
	Difficulty walking		Easy bleeding	allotation New Sec. 1 (bit 14) of the year Lift and new skill table is adjusted to the New York to the N	Year of a
	Double or blurry vision		Rash	CHARLES ON THE CONTRACT OF T	ĺ
homes or a state and a series	Muscle weakness		Frequent urination		
ha salaman colo and prophymaters	Nausea		Excessive thirst	the I state of the second seco	į .
in the proposed the many behinds the strategy	Vomiting		Advanal disasses	en opperation and period and provide the properties of the properties of the period of	
La Caración de Caración	Constipation		Llunathuraidian	ing ang manganisan ang manganisan sa kanggap pangganan nan ing panggapananan sa panggapanggap. Ing ang manganisan ang manganisan sa kanggap pangganan nan ing panggapanggapan sa panggapanggapan sa panggapan	
	Diarrhea		I have a with a war in to me	ili direktioneri i anto eri di direktio bakallari veri veri kildelektioneri eziste eki i peri	
	Difficulty initiating urine	stream 🔲	Joint Stiffness		
	Genital pain		Decreased range of m		ì
	Chest pain		Depression	and the state of t	:
	Heart palpitations		Swelling (specify)	Property Control of State Control of the Control of	n de marca de las relaciós
	Shortness of breath		Pain in extremity (spe	cify)_	en caracter (r 1 — ga executed ∮ 
	r responsibility to no llow one week for co			to medication re	fill.
Patient_S	Signature:			Date:	Time:
All othe	er review of systems nega	ative			
ROS and	PFSH reviewed bv:			Date <sup>.</sup>	Time:
	PFSH reviewed by:	SIGNAT	TURE OF PHYSICIAN		11110
pdated:				Date:	Time:
-		SIGNATURE OF PHY	SICIAN		

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