Pain Medicine Consultants

Minimally Invasive Spine Specialists

Patient Intake Form

In order to best provide you with assistance, it is very important that you answer all of the questions below in a complete manner. The form is lengthy, but all of the information is very important and will help ensure that you receive the best possible treatment for your pain. Please feel free to attach a separate page listing your medical information.

Site of Consultation: ______________________________ Date of Consultation: _______________

Name: ____ Date of birth and age: _______________

Last 4 of SS#: ______________________ Height and Weight: ________________________

Primary care doctor (please include phone number):

Doctor who referred you to our clinic (please include phone and fax number):

Workers compensation case manager (please include phone and fax number):

Attorney - if applicable (if you do not include phone and fax number we will not send reports):

Where is your pain?

Does it radiate anywhere else from the site of origin, if so where?

When and how did your painful condition begin?

Richard Shinaman, MD • William Longton, MD • Ruben Kalra, MD

Trivalley Region Office:
5924 Stoneridge Dr, #102
Pleasanton, CA 94588

Main Office:
2250 Morello Ave
Pleasant Hill, CA 94523

North Bay Region Office:
100 Rowland Way, #200
Novato, CA 94945

Phone: 925-287-1256 www.painmedicineconsultants.com Fax: 925-287-0913

Please rate your pain on a scale from 1 to 10 (10 is the worse pain you could imagine).

Mild 1 2 3 4 5 6 7 8 9 10 Severe

Please circle or list any words that describe how your pain feels:

Aching Throbbing Cramping Dull Sharp Burning Shock-like

Please list anything that makes your pain feel worse:

Please list anything that makes your pain feel better:

How many hours do you sleep each night?

How has your mood been during the last few months?

Please list other medical conditions that affect you (or attach another sheet):

Richard Shinaman, MD • William Longton, MD • Ruben Kalra, MD
Phone: 925-287-1256 www.painmedicineconsultants.com Fax: 925-287-0913

Please list injections or surgeries you have had to relieve your pain.

What medications do you take (please include dose and frequency)?

What other medications have you tried in the past to relieve your pain?

Please list any medications you are allergic to (list the specific reaction you experienced)?

Do you take blood thinners?	Yes	No
Have you ever had a bad reaction to radiologic contrast dye?	Yes	No
Do you smoke, and if so how much per day? Amount:	Yes	No
Do you drink, and if so how much per day? Amount:	Yes	No
Do you use any other illegal drugs not prescribed by a physician?	Yes	No

What is your current occupation? Are you on disability leave currently?

Do you have any current or old worker's compensation cases? If so you must provide the injured body part, date of injury, and your case manager information.

Do you have a family history of chronic pain? Yes No

Have you ever been dismissed from a doctor's office for misuse of medications? Yes No

Are there any pending lawsuits or do you have an attorney associated with your pain? Yes No

Please write down anything else I should know to help relieve your pain (or use a separate sheet):

Drug Abuse and Diversion:

We are interested and dedicated to treating patients in true pain and with other debilitating conditions. If you are such a patient, and are committed to working to get better, we are prepared to help you. If you have other intentions in mind, do not come to our practice. We are strongly opposed to any type of drug abuse and diversion and work hard to eliminate this possibility from our practice, and we will not hesitate to alert law enforcement in appropriate circumstances if we discover conduct in violation of law.

Richard Shinaman, MD • William Longton, MD • Ruben Kalra, MD
Phone: 925-287-1256 www.painmedicineconsultants.com Fax: 925-287-0913