

For each area of your body that you have pain, fill out this sheet. If your pain in multiple areas is the same/due to the same cause describe that clearly on this one page. For example, if you have wrist pain and ankle pain you would fill this sheet out twice. If you have Fibromyalgia, you might fill this sheet out only once. The more information I have the better able to diagnose and treat you I am.

1. Body Area where pain is located (also list diagnosis if you have one)

3. Date of Onset of pain:

4. Is there an event that you associate with the onset of your pain? Yes No If so, what? =

6. Is the pain  Intermittent or  constant?

7. What time of day is the pain is worst?

8. What time of day is the pain is least?

9. Have you had this pain in the past?  Yes  No If so when?

10. List Activities or other things that make it worse:

11. List Activities, medicine, treatments or other things that make it better

:

12. What is the quality of the pain? ( here are some examples:, burning, radiating, dull achy, sharp knife-like electric)

13. What do you think is causing your pain?

**What types of treatments / providers have you tried in the past for your pain? Please check all that apply.**

Acupuncture

Family Practitioner

Nutrition / diet

Anesthesiologist

Herbal Medicine

Physical Therapy

Anti-seizure

medications/Neurontin

Homeopathic medicine

Psychotherapy

Antidepressants

Lupron, Synarel, Zoladex

Psychiatrist

Biofeedback

Massage

Rheumatologist

Botox injection

Meditation

Skin magnets

Contraceptive

Narcotics

Surgery

Naturopathic medication

TENS unit

Nerve blocks

Trigger point injections

Gastroenterologist

Neurosurgeon

Urologist

Gynecologist

Nonprescription medicine

Osteopathy

Chiropractor

Other

Which are you currently doing to treat or manage your pain, if anything?

What limitations on your daily life does your pain cause? (work, fun, household/daily chores etc.)

Please discuss any other aspects of your pain that you think might be helpful: