

PINNACLE PAIN MEDICINE PATIENT QUESTIONNAIRE

Patient Name:

Robert Plock

Referring Physician:

Andrew Park

Age:

44

Date of Birth:

07/26/1968

Family Doctor:

William Christensen

Was this due to an injury? Yes / No
Please describe:

MVC on 01/25/2013

Greatest Area of Pain

① Back between shoulders

Other Areas of Pain

② Lower Back
Middle Back, Legs, Neck

When did it start (mo/yr)?

01/25/2013

Are there any legal actions related to your pain? Yes ☒ No ☐

Please shade in your areas of pain on the picture below:

Rate your pain on a scale of 1 (best) to 10 (worst) at its most SEVERE:

best 0 1 2 3 4 5 6 7 8 9 10 worst

Rate your pain on a scale of 0 (best) to 10 (worst) TODAY:

best 0 1 2 3 4 5 6 7 8 9 10 worst

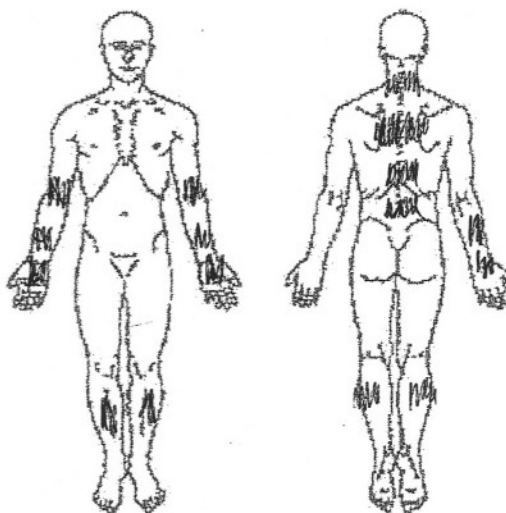
Rate your pain on a scale of 0 (best) to 10 (worst) at its BEST:

best 0 1 2 3 4 5 6 7 8 9 10 worst

Pain is:

☒ Constant

☒ Intermittent



How do you describe your pain?

<input checked="" type="checkbox"/>	aching
<input checked="" type="checkbox"/>	burning
<input checked="" type="checkbox"/>	dull
<input checked="" type="checkbox"/>	electrical
<input checked="" type="checkbox"/>	knifelike
<input checked="" type="checkbox"/>	sharp
<input checked="" type="checkbox"/>	shooting
<input checked="" type="checkbox"/>	stabbing
<input checked="" type="checkbox"/>	stinging
<input checked="" type="checkbox"/>	throbbing
<input checked="" type="checkbox"/>	tingling
<input checked="" type="checkbox"/>	toothache
<input type="checkbox"/>	OTHER:

What makes your pain worse?

<input checked="" type="checkbox"/>	arching your back
<input type="checkbox"/>	bending over
<input type="checkbox"/>	bowel movements
<input checked="" type="checkbox"/>	cooking
<input type="checkbox"/>	coughing
<input type="checkbox"/>	getting out of a chair
<input type="checkbox"/>	lying down
<input type="checkbox"/>	sex
<input type="checkbox"/>	sitting
<input type="checkbox"/>	sneezing
<input type="checkbox"/>	standing
<input checked="" type="checkbox"/>	twisting
<input type="checkbox"/>	vacuuming
<input type="checkbox"/>	walking
<input type="checkbox"/>	climbing stairs
<input type="checkbox"/>	walking down a hill
<input type="checkbox"/>	driving
<input checked="" type="checkbox"/>	lifting

What makes your pain better?

<input checked="" type="checkbox"/>	activity
<input type="checkbox"/>	sitting
<input type="checkbox"/>	standing
<input type="checkbox"/>	lying down
<input type="checkbox"/>	walking
<input checked="" type="checkbox"/>	stretching
<input checked="" type="checkbox"/>	hot bath or shower
<input checked="" type="checkbox"/>	application of heat
<input checked="" type="checkbox"/>	ice
<input checked="" type="checkbox"/>	relaxation
<input checked="" type="checkbox"/>	massage
<input type="checkbox"/>	TENS unit
<input type="checkbox"/>	acupuncture
<input type="checkbox"/>	chiropractors
<input type="checkbox"/>	previous injections
<input checked="" type="checkbox"/>	pain medications
<input checked="" type="checkbox"/>	physical therapy
<input checked="" type="checkbox"/>	rest

05/23/2013