

**Hess Orthopedics – Pain Management
New Patient Questionnaire**

Welcome to Hess Orthopedics Pain Management Clinic! Please complete this form as it helps us best treat your pain. Please answer every question the best you can. We use ALL of the answers to these questions to tailor treatment to your specific condition. **Also, please bring your medications (or a list of them with name and dosing instructions) and any imaging records (printed reports and images on CD) to your appointment.** Thank you for helping us to help you!

Contact Information

Full Name: _____

Date of Birth: _____

Mailing Address: _____

Phone Number: (_____)_____

Is it okay for us to leave a voicemail or message with laboratory or imaging results? YES NO

Emergency Contact: _____

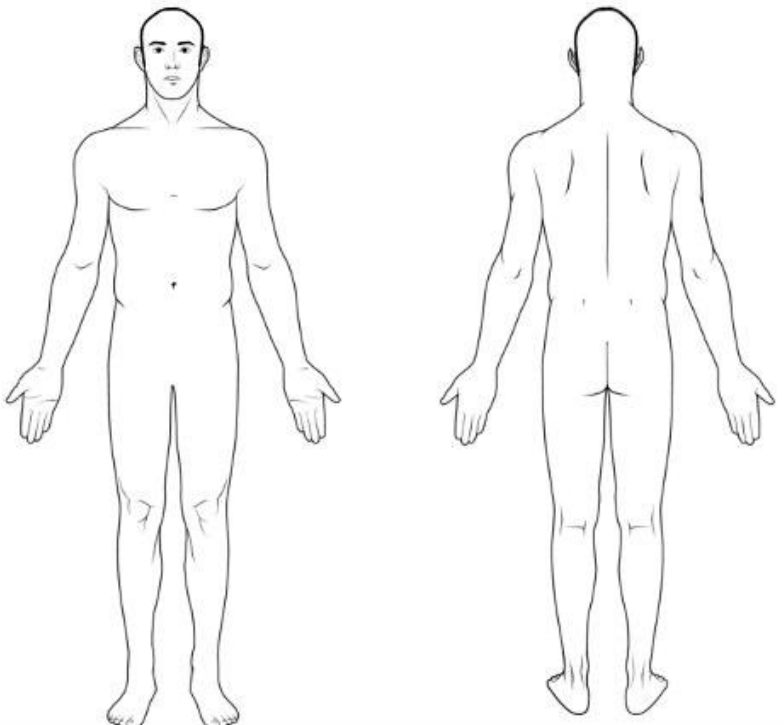
Emergency Contact Phone Number: (_____)_____

Is it okay for us to share health information (such as laboratory or imaging results) with your emergency contact? YES NO

Preferred Pharmacy: _____

Tell Us About Your Pain

Where is most of your pain? Please draw on diagram to the right:



What laboratory tests (i.e. blood work), imaging (i.e. CT, MRI, ultrasound), or other studies (i.e. EMG) have you had for your pain?

Test (i.e. MRI, CT)	Year	Location of Test (i.e. name of hospital or clinic performed)

What medications (including over-the-counter medications, vitamins, herbs) are you taking **for pain?**

What medications (including over-the-counter medications, vitamins, herbs) have you tried **for pain?**

What injections have you had **for you pain?**

What surgeries have you had **for your pain?**

Please list ALL medications that you are allergic to:

Medication	Type of Reaction (i.e. anaphylaxis, rash)

Are you pregnant? YES NO

Do you use tobacco products (i.e. smoke cigarettes/cigars, chew tobacco)? YES NO
How much? _____ per day

Do you drink alcohol? YES NO
Frequency? _____

Do you use any other drugs (illegal or legal)? YES NO
If so, what drugs? _____

Have you ever been diagnosed with or had treatment for alcohol or drug abuse? YES NO

Has anyone in your family ever been diagnosed with or had treatment for alcohol or drug abuse? YES NO