

# PATIENT HISTORY

Lansdale Pain Management Center  
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[www.paincaredocs.com](http://www.paincaredocs.com)

**\*Please notify the front desk as to changes in insurance.**

Name \_\_\_\_\_ Date \_\_\_\_\_

Referring Physician \_\_\_\_\_ Family Doctor \_\_\_\_\_

By answering the following questions, you will help your physician better understand and treat your pain.

When and how did your pain problem start? \_\_\_\_\_

\_\_\_\_\_

As far as you know, what is the cause of your pain (ie, the diagnosis)? \_\_\_\_\_

\_\_\_\_\_

What doctors have you seen? When did you see them? What did they do? (for example: Doctor did physical exam, ordered tests, prescribed medication)

Doctor's Name	Month/Year Seen	What Was Done
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

What tests and studies have been done? (for example: MRI, CT-Scan, X-Rays)	Month/Year Done	Results
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List All Current Medications

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List the body sites where you experience pain and circle the words that best describe the pain at that site. Also, indicate the intensity of the pain and those things that make your pain better or worse. Use a separate sheet for each body site.

Body Site \_\_\_\_\_

Circle the words that describe your pain.

- |              |            |             |
|--------------|------------|-------------|
| Aching       | Sharp      | Penetrating |
| Throbbing    | Tender     | Nagging     |
| Shooting     | Burning    | Numb        |
| Stabbing     | Exhausting | Miserable   |
| Gnawing      | Tiring     | Unbearable  |
| Intermittent | Continuous |             |

Circle the number that best describes your pain at its **worst during the last month**.

**0 1 2 3 4 5 6 7 8 9 10**

No  
Pain

Worst pain  
imaginable

Circle the number that best describes your pain at its **least during the last month**.

**0 1 2 3 4 5 6 7 8 9 10**

No  
Pain

Worst pain  
imaginable

Circle the number that best describes your pain **on average during the last month**.

**0 1 2 3 4 5 6 7 8 9 10**

No  
Pain

Worst pain  
imaginable

Circle the number that best describes your pain as it is **right now**.

**0 1 2 3 4 5 6 7 8 9 10**

No  
Pain

Worst pain  
imaginable

What sorts of things make this pain feel **better** (for example: heat, rest, medicine)?

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What sorts of things make this pain feel **worse** (for example: walking, standing, lifting)?

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## DIRECTIONS TO LANSDALE PAIN MANAGEMENT

### FROM LANSDALE:

Take Broad Street to Route 309. Make a left and head NORTH on 309. First traffic light is WALNUT STREET. Go through that light. Get into the left lane. You will see the "In Flight Restaurant" on your right. Second light is ADVANCE LANE. Get into left turn lane and turn LEFT. It will look like you are going into the Car Wash America (formerly the Hatfield Car Wash). Stay on the little lane and go AROUND the car wash. Our building sits just behind the car wash. We are at the back of the building, first floor, and suite 103.

### FROM POINTS SOUTH:

Get onto Route 309 and head NORTH. Go past the Montgomeryville Mall on the left. Cross Broad Street. The first traffic light after Broad Street is WALNUT STREET. Go through that light. Get into the left lane. You will see the "In Flight Restaurant" on your right. Second light is ADVANCE LANE. Get into left turn lane and turn LEFT. It will look like you are going into the Car Wash America (formerly the Hatfield Car Wash). Stay on the little lane and go AROUND the car wash. Our building sits just behind the car wash. We are at the back of the building, first floor, and suite 103.

### FROM POINTS NORTH (QUAKERTOWN, SELLERSVILLE)

Get onto Route 309 and head SOUTH. Pass Walmart shopping center on the left. Go through two traffic lights. When you see the U-Haul self-storage facility you are approaching the light at ADVANCE LANE (This is the third light **after** the Walmart shopping center). Turn right at that light. It will look like you are going into the Car Wash America (formerly the Hatfield Car Wash). Stay on the little lane and go AROUND the car wash. Our building sits just behind the car wash. We are at the back of the building, first floor, and suite 103.

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## BLOOD THINNER/MEDICATION LIST – RULES

### Patients:

The following is a list of medications that must be discontinued prior to your appointment because of risk of bleeding. **The list is not exhaustive, so if you are taking a medication not on the list that you suspect might contain aspirin or is a blood thinner, please call our office to verify.**

### **Must be off for 7 days prior to appointment and can restart after procedure:**

Plavix, Pletal, Ticlid, Aggrenox, Trental.

### **Must be off for 5 days prior to appointment and can restart after procedure:**

Warfarin, Coumadin

### **Must be off for 1-2 days prior to appointment and can restart after procedure:**

Advil, Aleve, Anaprox, Aspirin 325 mg, Bufferin, Cataflam, Daypro, Ecotrin 325 mg, Excederine, Ibuprophen, Diclofenac, Indocin, Mobic, Motrin, Naprosyn, Naproxin, Orudis, Oxaprozin, Relafen, Toradol, Voltaren

### **Must be off for 24 hours prior to appointment and may be restarted 2 days after procedure:**

Subcutaneous Injections like:

Heparin or Lovenox

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With increasing frequency patients have been missing their scheduled appointments. Time is allotted for each patient and a missed appointment is time taken away from another patient who truly is in need of medical attention.

In an attempt to remedy this situation, the following policy is being instituted: To cancel an appointment, you need to give us 24 hours notice. If you do not show up for your scheduled appointment, or do not let us know at least 24 hours in advance, there will be a \$25 charge. We will not reschedule your appointment until this charge is paid.

**\*\*\*COPAYS ARE DUE AT THE TIME OF SERVICE.**