Action Spine And Pain Center
57 Baker Boulevard,
Akron, Ohio 44333
Phone: (330) 666 1400

Name: _____

Date Of Birth: _____

Chief of Complaint :

Location of pain : _____

How long have you had the pain? _____

Are you applying for disability? ☐ Yes ☐ No

Are you currently on disability? ☐ Yes ☐ No

Is your pain due to a Motor Vehicle Accident? ☐ Yes, active claim ☐ Yes, settled claim ☐ No

Is your pain due to a Workman's Compensation claim? ☐ Yes, active claim ☐ Yes, settled claim ☐ No

Are you involved with any legal proceedings or lawsuits? ☐ Yes ☐ No

If yes, please explain _____

Chief of Complaint

☐ None

☐ Anemia	☐ Gastroenteritis	☐ Migraines
☐ Ankylosising Spondylities	☐ Gastro esophageal reflux	☐ Nausea / Diarrhea
☐ Arthritis	☐ Goiter	☐ Obesity
☐ Asthma	☐ Gout	☐ Pancreatitis
☐ Blood clots	☐ Headaches	☐ Paralysis
☐ Bronchitis	☐ Heart attack	☐ Pneumonia
☐ Cancer	☐ Heart disease	☐ Scleroderma
☐ Chronic fatigue syndrome	☐ Hemorrhoids	☐ Seizures
☐ Cirrhosis	☐ Hepatitis	☐ Sleep apnea
☐ Congestive heart failure	☐ High blood pressure	☐ Stomach ulcers
☐ COPD/Emphysema	☐ HIV / AIDS	☐ Stroke / TIA
☐ Coronary artery disease	☐ Kidney disease	☐ Thyroid disease
☐ Depression	☐ Kidney failure	☐ Vascular disease
☐ Diabetes	☐ Kidney infection	☐ Vertigo
☐ Fibromyalgia	☐ Kidney stones	☐ Weight gain
☐ Frequent Falls	☐ Low back problems	☐ Weight loss
☐ Frequent Urination/Jaundice	☐ Lung disorders	☐ Other
☐ Gastritis	☐ Lupus	☐ Other

Past Surgical History

Surgery : _____ Date Performed : _____

Surgery : _____ Date Performed : _____

Surgery : _____ Date Performed : _____

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Treatment History

What other type of caregivers have you seen for your pain?

- ☐ Acupuncturist
- ☐ Chiropractor
- ☐ Family doctor
- ☐ Gynecologist
- ☐ Neurologist
- ☐ Orthopedist
- ☐ Pain Management
- ☐ Physical Therapist
- ☐ Podiatrist
- ☐ Surgeon
- ☐ Other _____

Please list all the medications which were tried in the past that were NOT effective:

- ☐ Acetaminophen (Tylenol)
- ☐ Celebrex
- ☐ Fentanyl Patches
- ☐ Kadian
- ☐ Ibuprofen (Motrin)
- ☐ Daypro
- ☐ Morphine
- ☐ Methadone
- ☐ Flexeril
- ☐ Mobic / Meloxicam
- ☐ MS Contin
- ☐ Opana
- ☐ Skelaxin
- ☐ Relafen
- ☐ Percocet
- ☐ Oxycontin
- ☐ Soma
- ☐ Voltaren Gel
- ☐ Zanaflex
- ☐ Ultram / Tramadol
- ☐ Cymbalta
- ☐ Nexium/Prilosec/Protonix
- ☐ Vicodin
- ☐ Lyrica
- ☐ Other:_____
- ☐ Neurontin (Gabapentin)
- ☐ Other:_____

Treatment:

- ☐ Acupuncture
- ☐ Bed rest
- ☐ Epidural Injections
- ☐ Exercise
- ☐ Facet Injections
- ☐ Hot or cold ice packs
- ☐ Medication
- ☐ Physical therapy
- ☐ Radio Frequency Ablation
- ☐ SI Joint Injections
- ☐ Surgery
- ☐ TENS
- ☐ Trigger Point Injections
- ☐ Ultrasound
- ☐ Other: _____

Please check any of the following tests you have had, including the dates.

- ☐ CT Scan Date_____
- ☐ Discogram Date_____
- ☐ EMG Date_____
- ☐ MRI Date_____
- ☐ Myelogram Date_____
- ☐ Nerve Conduction Study Date_____
- ☐ X-ray Date_____
- ☐ Other_____ Date_____

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Review of symptoms (circle all that apply):

Constitutional Symptoms

☐ Fatigue ☐ Fever ☐ Weight loss

Constitutional Symptoms

☐ History of M.I ☐ High blood pressure ☐ Chest pain ☐ weight loss

☐ Limb swelling

Are you currently on Blood Thinners? ☐ Yes ☐ No

Name of Medication: _____

Head, Ears, Nose and Throat

☐ Headache ☐ Dizziness ☐ Loss of balance

Respiratory

☐ Chronic cough ☐ Coughing blood ☐ Trouble breathing

Gastrointestinal

☐ Heartburn ☐ Abdominal pain ☐ Blood in stool ☐ Constipation

☐ Diarrhea ☐ Nausea ☐ Vomiting

Genitourinary

☐ incontinence ☐ Pain of urination ☐ Blood in urine

Musculoskeletal

☐ Muscle pain ☐ Nick pain ☐ Loss of muscle bulk ☐ Back pain

☐ Joint pain ☐ Joint stiffness ☐ Joint swelling ☐ Muscle cramps

Neurological

☐ Trouble concentrating ☐ Headache ☐ Numbness ☐ Weakness

Endocrine

☐ Heat of cold intolerance ☐ Excessive thirst ☐ Excessive urination

Hematologic

☐ Lumps or swelling ☐ Anemia ☐ Abnormal bleeding

Allergies **Eyes**

☐ Skin rash ☐ Double vision ☐ Blurred vision ☐ Loss of vision

Skin and breast

☐ Numbness ☐ Tingling ☐ Discoloration

☐ Hair loss ☐ Nail change ☐ Sweating change

Psychiatric

☐ Hallucinations ☐ Inappropriate crying ☐ Feeling depressed

☐ Trouble sleeping ☐ Suicidal thoughts