

PRP REGENERATIVE PAIN INSTITUTE, P.C.

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OFFICE VISIT DATE:

PATIENT NAME:

PATIENT DOB:

AGE:

Did you have a procedure? <i>(Please circle)</i>	YES	NO									
Did the procedure help? <i>(Please circle)</i>	YES	NO									
Where is your pain? <i>(Please circle)</i>	Back	Legs	Upper Back	Head							
	Neck	Arms	Shoulder	Hip	Knee	OTHER					
The quality of pain is: <i>(Please circle)</i>	Sharp	Dull	Burning	Aching	Stabbing						
	Throbbing	Tingling	Numbing	Shooting	Pressure-like	OTHER					
The timing of the pain is: <i>(Please circle)</i>	Comes & Goes	Constant									
Today's pain level is: <i>(Please circle)</i>	0	1	2	3	4	5	6	7	8	9	10 (Highest)
Highest pain level is: <i>(Please circle)</i>	0	1	2	3	4	5	6	7	8	9	10 (Highest)
Average pain level is: <i>(Please circle)</i>	0	1	2	3	4	5	6	7	8	9	10 (Highest)
Lowest pain level is: <i>(Please circle)</i>	0	1	2	3	4	5	6	7	8	9	10 (Highest)
<u>What makes the pain worse?</u> <i>(Please circle)</i>	Bending	Standing	Lying	Walking							
	Reaching	Lifting	Cold Weather	Sitting	Neck Rotation						
	Twisting Back	Climbing Stairs	OTHER								
<u>What makes the pain better?</u> <i>(Please circle)</i>	Ice	Heat	Medications	Walking	Sitting						
	Physical Therapy	Lying	Acupuncture	Chiropractor	OTHER						

Associated signs and symptoms: *(Please circle)*

Weakness Headaches Muscle spasms
Balance problems Walking problems Bowel dysfunction Bladder incontinence

OTHER

Blood Thinners: *(Please circle)* YES NO

ALLERGIES: *(Please circle)* YES NO

LIST ALLERGIES:

Review of systems: *(Please circle)*

Constitutional: Weight changes Weakness Fatigue Fever

Musculoskeletal: Joint pain Stiffness Neck pain Back pain

Neurological: Headache Weakness Numbness Seizures Blackouts Memory-Loss