Optum

Optum Care Washington
Comprehensive Pain Center
New Patient Questionnaire

Patient Label Here
Or Patient Name, DOB, MRN #

Please circle one number for the following two questions: 0= No pain, 10= Pain as bad as you can imagine

In the past month, on average, how would you rate your pain? (circle **one)**

0 1 2 3 4 5 6 7 8 9 10

In the past month, how much has your pain interfered with your daily activities? (circle **one)**

0 1 2 3 4 5 6 7 8 9 10

Over the last 2 weeks, how often have you been bothered by any of the following problems? (circle number to indicate your answer)	**Not at all**	**Several days**	**More than half the days**	**Nearly every day**
1. Little interest or pleasure in doing things	**0**	**1**	**2**	**3**
2. Feeling down, depressed, or hopeless	**0**	**1**	**2**	**3**

Review of systems Check if 'YES'

General
- ☐ Weight loss in last 6 months
- ☐ Fatigue
- ☐ Poor appetite
- ☐ Fever/Chills
- ☐ History of cancer

Skin
- ☐ Itching
- ☐ Hives
- ☐ Rash

Ent
- ☐ Hard of hearing/hearing loss
- ☐ Ringing in ears
- ☐ Vertigo
- ☐ Visual changes
- ☐ Glaucoma
- ☐ Nose bleeds
- ☐ Chronic sinus problems
- ☐ Dry mouth
- ☐ Sore throat

Respiratory
- ☐ Cough
- ☐ Bronchitis
- ☐ COPD/Emphysema
- ☐ Shortness of breath

Cardiovascular
- ☐ Chest pain
- ☐ Passing out/Fainting
- ☐ High blood pressure
- ☐ Swelling of feet
- ☐ Poor circulation

Endocrine
- ☐ Thyroid disease
- ☐ Temperature intolerance
- ☐ Diabetes

Gastrointestinal
- ☐ Nausea/Vomiting
- ☐ Constipation
- ☐ Heartburn
- ☐ Blood in stools
- ☐ Loss of bowel control
- ☐ Liver disease

Genital/Urinary
- ☐ Frequent urination
- ☐ Loss of control
- ☐ Kidney stones
- ☐ Painful urination
- ☐ Blood in urine
- ☐ Urinary infections
- ☐ Sexually transmitted disease

Musculoskeletal
- ☐ Muscle aches
- ☐ Muscle spasms
- ☐ Stiffness
- ☐ Inflammatory arthritis
- ☐ Swelling of joints
- ☐ Osteoarthritis
- ☐ Gout
- ☐ Osteoporosis
- ☐ Broken bones
- ☐ Amputations

Neurologic
- ☐ Headache/Migraine
- ☐ History of head injury
- ☐ Memory loss
- ☐ Stroke
- ☐ Spinal cord injury
- ☐ Multiple sclerosis
- ☐ Weakness/Paralysis
- ☐ Numbness
- ☐ Seizures

Heme/Lymphatic
- ☐ Anemia
- ☐ Easy bruising/bleeding
- ☐ Blood thinners
- ☐ Bleeding disorder
- ☐ Swollen glands

Please briefly describe your MAIN problem/complaint:

_____

_____

_____

What benefit would you like to get from today's visit? _____

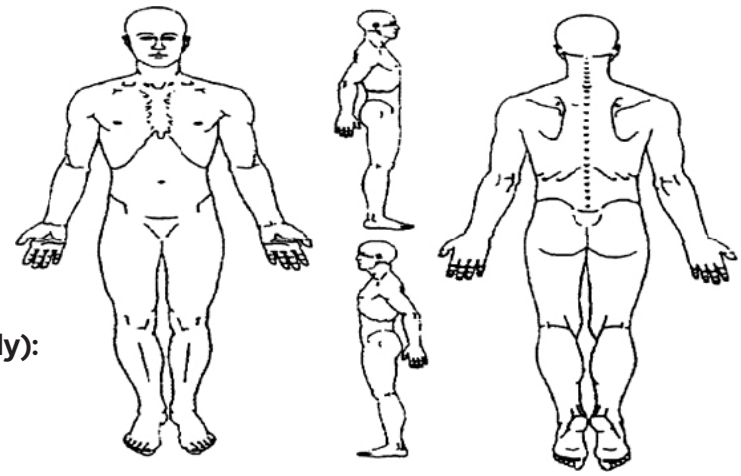
Causes of your pain

Events surrounding the onset of your pain:	Date Pain Began	Pain Intensity Today
_____	_____	☐ Better ☐ Same ☐ Worse
_____	_____	☐ Better ☐ Same ☐ Worse
_____	_____	☐ Better ☐ Same ☐ Worse
_____	_____	☐ Better ☐ Same ☐ Worse
_____	_____	☐ Better ☐ Same ☐ Worse

Pain location

On the diagram, shade in the areas where you feel symptoms

xxxx = pain oooo = numbness



Pain Characteristics

My Pain is: ☐ Constant ☐ Intermittent

My pain is best described as (check all that apply):

☐ Dull	☐ Aching	☐ Throbbing
☐ Sharp	☐ Shooting	☐ Stabbing
☐ Tender	☐ Electrical	☐ Burning

Do you have any Numbness? ☐ Yes ☐ No

Where is it located? _____

_____

Is it ☐ getting worse or ☐ stable?

Do you have any Weakness? ☐ Yes ☐ No

Where is it located? _____

_____

Is it ☐ getting worse or ☐ stable?

Pain Modifiers

How do these activities affect your pain?	Worsen	Improve
Standing for periods of time	_____	_____
Sitting for periods of time	_____	_____
Walking for periods of time	_____	_____
Bending or stooping forward	_____	_____
Lying down	_____	_____
Coughing or bowel movement	_____	_____
Getting in or out of a car	_____	_____
Riding in a car	_____	_____
Exercise	_____	_____
Rest	_____	_____
Heat	_____	_____
Cold	_____	_____
Other	_____	_____

Please list any medications you have tried in the PAST for your pain. Do not list current medications.

Medication	No	Yes	Why did you stop?		
Amitriptyline	☐	☐	☐ Side effect(s) _____	☐ Didn't work	☐ Stopped working
Baclofen	☐	☐	☐ Side effect(s) _____	☐ Didn't work	☐ Stopped working
Buprenorphine	☐	☐	☐ Side effect(s) _____	☐ Didn't work	☐ Stopped working
Belbuca	☐	☐	☐ Side effect(s) _____	☐ Didn't work	☐ Stopped working
Butrans	☐	☐	☐ Side effect(s) _____	☐ Didn't work	☐ Stopped working
Carbamazepine (Tegretol)	☐	☐	☐ Side effect(s) _____	☐ Didn't work	☐ Stopped working
Celecoxib (Celebrex)	☐	☐	☐ Side effect(s) _____	☐ Didn't work	☐ Stopped working
Cyclobenzaprine (Flexeril)	☐	☐	☐ Side effect(s) _____	☐ Didn't work	☐ Stopped working
Desipramine	☐	☐	☐ Side effect(s) _____	☐ Didn't work	☐ Stopped working
Dextromethorphan	☐	☐	☐ Side effect(s) _____	☐ Didn't work	☐ Stopped working
Diazepam	☐	☐	☐ Side effect(s) _____	☐ Didn't work	☐ Stopped working
Diclofenac	☐	☐	☐ Side effect(s) _____	☐ Didn't work	☐ Stopped working
Diclofenac gel (Voltaren)	☐	☐	☐ Side effect(s) _____	☐ Didn't work	☐ Stopped working
Doxepin	☐	☐	☐ Side effect(s) _____	☐ Didn't work	☐ Stopped working
Duloxetine (Cymbalta)	☐	☐	☐ Side effect(s) _____	☐ Didn't work	☐ Stopped working
Effexor	☐	☐	☐ Side effect(s) _____	☐ Didn't work	☐ Stopped working
Fentanyl patch	☐	☐	☐ Side effect(s) _____	☐ Didn't work	☐ Stopped working
Gabapentin	☐	☐	☐ Side effect(s) _____	☐ Didn't work	☐ Stopped working
Hydrocodone	☐	☐	☐ Side effect(s) _____	☐ Didn't work	☐ Stopped working
Hydromorphone (Dilaudid)	☐	☐	☐ Side effect(s) _____	☐ Didn't work	☐ Stopped working
Ibuprofen	☐	☐	☐ Side effect(s) _____	☐ Didn't work	☐ Stopped working
Imipramine	☐	☐	☐ Side effect(s) _____	☐ Didn't work	☐ Stopped working
Ketorolac (Toradol)	☐	☐	☐ Side effect(s) _____	☐ Didn't work	☐ Stopped working
Lamictal	☐	☐	☐ Side effect(s) _____	☐ Didn't work	☐ Stopped working
Lidoderm patch	☐	☐	☐ Side effect(s) _____	☐ Didn't work	☐ Stopped working
Lyrica	☐	☐	☐ Side effect(s) _____	☐ Didn't work	☐ Stopped working
Methadone	☐	☐	☐ Side effect(s) _____	☐ Didn't work	☐ Stopped working
Meloxicam	☐	☐	☐ Side effect(s) _____	☐ Didn't work	☐ Stopped working
Meperidine (Demerol)	☐	☐	☐ Side effect(s) _____	☐ Didn't work	☐ Stopped working
Metaxalone (Skelaxin)	☐	☐	☐ Side effect(s) _____	☐ Didn't work	☐ Stopped working
Morphine	☐	☐	☐ Side effect(s) _____	☐ Didn't work	☐ Stopped working
MS Contin	☐	☐	☐ Side effect(s) _____	☐ Didn't work	☐ Stopped working
Nabumetone	☐	☐	☐ Side effect(s) _____	☐ Didn't work	☐ Stopped working
Naproxen (Aleve)	☐	☐	☐ Side effect(s) _____	☐ Didn't work	☐ Stopped working
Nortriptyline	☐	☐	☐ Side effect(s) _____	☐ Didn't work	☐ Stopped working
Oxymorphone	☐	☐	☐ Side effect(s) _____	☐ Didn't work	☐ Stopped working
Oxycodone	☐	☐	☐ Side effect(s) _____	☐ Didn't work	☐ Stopped working
Oxycontin	☐	☐	☐ Side effect(s) _____	☐ Didn't work	☐ Stopped working
Suboxone	☐	☐	☐ Side effect(s) _____	☐ Didn't work	☐ Stopped working
Tizanidine	☐	☐	☐ Side effect(s) _____	☐ Didn't work	☐ Stopped working
Topamax	☐	☐	☐ Side effect(s) _____	☐ Didn't work	☐ Stopped working
Trazodone	☐	☐	☐ Side effect(s) _____	☐ Didn't work	☐ Stopped working
Tramadol	☐	☐	☐ Side effect(s) _____	☐ Didn't work	☐ Stopped working
Valproic Acid (Depakote)	☐	☐	☐ Side effect(s) _____	☐ Didn't work	☐ Stopped working
Naltrexone, low dose	☐	☐	☐ Side effect(s) _____	☐ Didn't work	☐ Stopped working
Lidocaine Infusions	☐	☐	☐ Side effect(s) _____	☐ Didn't work	☐ Stopped working
Ketamine Infusions	☐	☐	☐ Side effect(s) _____	☐ Didn't work	☐ Stopped working
Milnacipran (Savella)	☐	☐	☐ Side effect(s) _____	☐ Didn't work	☐ Stopped working
Other _____	☐	☐	☐ Side effect(s) _____	☐ Didn't work	☐ Stopped working

PAIN TREATMENTS

Have you seen any physicians outside of Optum Care Washington for opioid medications? (List names, dates, and why stopped)

_____
_____
_____

Please list any CURRENT nonopioid medications you are using for your pain.
Helpful? Not Helpful? Side effects?

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Please indicate which treatments you have had for your PRESENT pain problem

	No	Yes	HELPFUL?	DATES
Pain Psychology	☐	☐	_____	_____
Physical therapy	☐	☐	_____	_____
Pool therapy	☐	☐	_____	_____
Home exercise	☐	☐	_____	_____
TENS	☐	☐	_____	_____
Chiropractic/Manipulation	☐	☐	_____	_____
Acupuncture	☐	☐	_____	_____
Trigger point injection	☐	☐	_____	_____
Epidural Steroid Injection	☐	☐	_____	_____
Facet Joint, Medial Branch, or Genicular Nerve Block	☐	☐	_____	_____
Denervation (RFA)	☐	☐	_____	_____
Sacroiliac joint injection	☐	☐	_____	_____
Sacroiliac joint RFA	☐	☐	_____	_____
Peripheral Nerve Block	☐	☐	_____	_____
Joint steroid injection	☐	☐	_____	_____
Spinal Cord Stimulator	☐	☐	_____	_____
Intrathecal Pump	☐	☐	_____	_____

_____/_____ **Reviewed by (initials)**: _____

Patient Signature *(required)* **Date** *(required)*

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Optum Care Washington, PLLC