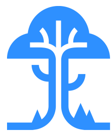

CYPRESS POINTE
PAIN MANAGEMENT

NEW PATIENT WELCOME FORM

MEDICAL HISTORY

What major medical conditions have you had treatment for now or in the past? Please list:

____

____

____

CURRENTLY TREATED

Are you currently being treated for any of the following?

_________ High Blood Pressure _______ High Cholesterol _______ Diabetes

_______ Anxiety _______ Depression _______ COPD _______ Acid Reflux

SURGERY

Please list all surgeries you have had and the year.

SURGERY	YEAR

MARITAL STATUS/CHILDREN

___Married ___Single ___Divorced ___Widowed How many children do you have? _____

EDUCATION LEVEL

What level of education do you have? _____ High School Diploma ______ Some College

____ Associate Degree ______ Bachelor's Degree ____ Master's Degree

_____ GED ________ Last Grade Attended

EMPLOYMENT

Are you currently employed? ____ Yes ____ No Occupation___________________________

Reason for non-employment ____

Please list all of the prescriptions, herbal supplements and vitamins that you are presently taking:

Name of Medicine	Dosage	Number of times taken each day	When last dose taken

PRESCRIPTION DRUG ABUSE

Have you ever abused prescription medications, such as amphetamines, benzodiazepines, barbiturates, codeine, Demerol, or Morphine? _____ Yes _______ No

Are you currently in or have you ever attended a substance abuse program? ____ Yes ___ NO

TOBACCO USE

Do you smoke/chew tobacco? ________ If yes, how many packs/chews a day do you use?_______ How many years have you smoked/chewed? ________

ALCOHOL USE

How much beer/alcoholic beverages do you drink? ____ Daily ____ Weekly ____ Monthly

I drink: _____ Socially ____ Very infrequently (less than monthly) ____ Do not drink

ILLEGAL DRUG USE

Do you use or have you ever used any of the following illegal drugs?

Drug	Currently Using	Drug	Currently Using
Marijuana	YES NO	LSD	YES NO
Heroin	YES NO	PCP	YES NO
Cocaine	YES NO	Ecstasy	YES NO
Inhalants	YES NO	Methamphetamines	YES NO
Crack	YES NO	Crank	YES NO

PRIOR TREATMENTS

Please check any of the following treatments you have had for this pain problem. Include the year done and the results.

Check if had	Treatment	Year Done	Outcome (check one)	
			Improved	Not Improved
	Nerve Block			
	Epidural Steroid Injection			
	TENS Unit			
	Physical Therapy			
	Traction			
	Acupuncture			
	Chiropractic Care			
	Psychiatrist/Psychologist			
	Hypnosis/Biofeedback			
	Alternative Treatments			
	Other Pain Clinic			
	Surgery			
	Other (please list):			