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Fellowship Trained

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[www.manageyourpainnow.com](http://www.manageyourpainnow.com)

**PATIENT HISTORY**

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

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ SS# \_\_\_\_\_

Marital Status \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Telephone Numbers (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Care Provider: \_\_\_\_\_

Phone#: \_\_\_\_\_ Fax#: \_\_\_\_\_

Referring Provider: \_\_\_\_\_

Phone#: \_\_\_\_\_ Fax#: \_\_\_\_\_

**INSURANCE**

Policy Holder Name \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_

Primary Insurance \_\_\_\_\_ Group # \_\_\_\_\_ ID# \_\_\_\_\_

Secondary Insurance \_\_\_\_\_ Group# \_\_\_\_\_ ID# \_\_\_\_\_

**PHARMACY**

Name of Pharmacy \_\_\_\_\_ City \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

**GENERAL HEALTH REVIEW**

**Medical History** (such as heart disease, stroke, cancer, arthritis, diabetes, hypertension, as well as psychiatric illnesses, heart problems, etc...)

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**Surgical History unrelated to Pain** (example: appendectomy)

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**Surgical History related to Pain** (example: laminectomy)

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**Allergies** (include medication and food allergies)

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**Intolerances** (include side effects from previous medications, such as gastritis, nausea, constipation, etc...)

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**Current Medications** (include vitamins and birth control pills, if applicable)

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**Do you have any of the following?** (Circle all that apply)

- |                       |              |                     |
|-----------------------|--------------|---------------------|
| Headaches             | Stomach Pain | Chest Pain          |
| Vision Problems       | Nausea       | Shortness of Breath |
| Hearing Problems      | Vomiting     | Urinary Problems    |
| Dizziness             | Constipation | Rashes              |
| Difficulty Swallowing | Diarrhea     | Swollen Joints      |
| Chronic Fatigue       |              |                     |

Have you had any of the following treatments for you current pain? (Circle all that apply)

Physical Therapy    Chiropractor    Massage Therapy    Surgery    Medications

**DOMESTIC SITUATION**

With whom do you live? \_\_\_\_\_

Are there any substance abuse issues in the household? Yes \_\_\_\_\_ No \_\_\_\_\_

If applicable, enter name of caregiver \_\_\_\_\_

**WORK HISTORY**

Employment Status:	Full Time	Part Time	Retired	None	Disability
Job	Years Worked				Why did you leave?

\_\_\_\_\_  
\_\_\_\_\_

**LEGAL MATTERS**

Are you presently involved in a Law Suit? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain.

\_\_\_\_\_  
\_\_\_\_\_

**SUBSTANCE USE**

Which of the following drugs or substances, if any, have you used in the **past?** (Circle all that apply). Next to each drug or substance that you've circled, indicate if you used it occasionally ("O), frequently ("F"), or continuously ("C").

Alcohol _____	Barbiturates _____	Cocaine _____
Heroin _____	Amphetamines _____	Marijuana _____
Other _____	Other _____	Other _____

Are you presently using any of the drugs or substances below? (Circle all that apply). Next to each drug or substance that you've circled, indicate if you used it occasionally ("O), frequently ("F"), or continuously ("C").

Alcohol _____	Barbiturates _____	Cocaine _____
Heroin _____	Amphetamines _____	Marijuana _____
Other _____		

Do you presently smoke cigarettes or use tobacco in any form? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what kind? \_\_\_\_\_

If not, did you ever smoke cigarettes or use tobacco in any form? Yes \_\_\_\_\_ No \_\_\_\_\_

How many packs do (did) you smoke a day? \_\_\_\_\_ For how many years? \_\_\_\_\_

## GENERAL SAFETY INFORMATION ON OPIOIDS

Indications and usage for different opioid analgesics vary and the Full Prescribing Information for the specific products should be consulted.

### Examples of Opioids Include

Morphine, Hydrocodone, Oxycodone, Hydromorphone, Methadone, Fentanyl, Duragesic, Levorphanol, Vicodin, Norco, Lortab, Percocet, Oxycontin, Ms IR, Ms Contin, Tylenol #3, Tramadol, Ultram, Demerol, Darvocet, Roxicodone, Roxicet, Actiq, Codeine, Dilaudid, etc...

**Please note:** Sharing or otherwise diverting your opioids is considered a felony in the State of Missouri and is subject to action(s) by Law Enforcement.

### Overdose

Persons who are not prescribed an opioid analgesic can overdose by taking even one dose. Persons who have a prescription for an opioid analgesic can overdose by taking more than the amount prescribed.

Certain doses of specific opioid analgesics may cause fatal respiratory depression if taken by patients who have not developed tolerance to the respiratory depressive effects of opioids.

Manipulation by any means of any opioid analgesic dosage form poses a significant risk to the abuser that could result in overdose and death. The risk of fatal outcome is increased with concurrent use or abuse of alcohol or other CNS depressants.

Opioids should be kept in a secure place out of reach of children and protected from theft or misuse. Accidental consumption especially in children may result in overdose or death.

### Respiratory Depression

Respiratory depression is the chief hazard from all opioid agonists, which can result in death.

The risk of respiratory depression is increased in elderly or debilitated patients, usually following large initial doses in persons who have not developed any degree of tolerance to the respiratory depressive effects of opioid, or when opioids are given in conjunction with other agents that depress respiratory drive.

### Addiction, Abuse and Diversion

There is potential for drug addiction to develop following exposure to opioids even under appropriate medical use. All patients treated with opioids require careful monitoring for signs of abuse and addiction.

Opioid agonists have the potential for being abused and are subject to criminal diversion.

### Physical Dependence and Tolerance

The development of physical dependence and/or tolerance is not unusual during chronic opioid therapy.

When a patient no longer requires therapy with an opioid, the daily dose should be tapered gradually to prevent signs and symptoms of withdrawal syndrome in the physically-dependent patient.

**Contraindications**

Opioids are contraindicated in any setting with a risk of significant respiratory depression (In unmonitored settings or the absence of resuscitative equipment). In patients who have acute or severe bronchial asthma, in patients who have or are suspected of having paralytic effects, or in patients with known hypersensitivity to any of the opioid product constituents.

**Serious Side Effects**

Respiratory depression, apnea, respiratory arrest, and to a lesser degree, circulatory depression, hypotension, shock, or cardiac arrest have all been associated with opioid use and abuse.

**Common Side Effects**

Nausea, vomiting, dizziness, drowsiness, constipation, itching, dry mouth, sweating, weakness, and headache are the most common non-serious side effects of opioid analgesics.

Opioid analgesics may cause drowsiness, dizziness, or lightheadedness and may impair mental and/or physical ability required for the performance of potentially hazardous tasks (examples: driving, operating machinery, etc...). Patients should be cautioned accordingly.