



New Patient Intake Paperwork

IT TAKES A

VILLAGE

Hello, please take a few minutes to complete this form. This information will help us in getting to know you and providing you with the best care possible.

Patient Name: _____ Date: _____

Date of Birth: _____ Sex: _____ Marital Status: _____

Preferred Telephone Number: _____ Home cell work

Secondary Phone: _____ Home cell work

Email: _____

Social Security Number: _____

Emergency Contact Name: _____ relationship: _____ phone: _____

Home Address

City _____ State _____ Zip _____



New Patient Intake Paperwork

IT TAKES A

VILLAGE

PAIN DESCRIPTION _____

Briefly describe the reason for your visit. Include when your pain began, location, and what caused it _____

LOCATION OF PAIN: mark on drawing below

INTENSITY: on a scale of 1-10 with 10 being the worst pain:

Present pain: _____ Worst pain gets: _____ Best pain gets: _____ Acceptable level of pain: _____

IS THIS PAIN CONSTANT? _ _____ YES; _____ NO IF NOT, HOW OFTEN DOES IT OCCUR? _____

QUALITY: (Describe your pain)

- q Burning
- q Sharp
- q Aching
- q Dull
- q Stabbing
- q Throbbing
- q Other

ONSET
q Sudden

Frequency
q Constant

Is Your Pain
q Improving

q Slow

q Intermittent

q Getting Worse

q Not changing

WHAT RELIEVES your PAIN?

WHAT CAUSES OR INCREASES THE PAIN? _____

Does your pain limit you in your daily activities? _Yes _____ No _____

If yes, what activities? _____

Does your pain prevent you from doing activities you enjoy? Yes ___ No ___



New Patient Intake Paperwork

IT TAKES A

VILLAGE

If yes, what: _____

Does your pain interfere with your Sleep? ___ Yes ___ No

In the past three months have you developed any new:

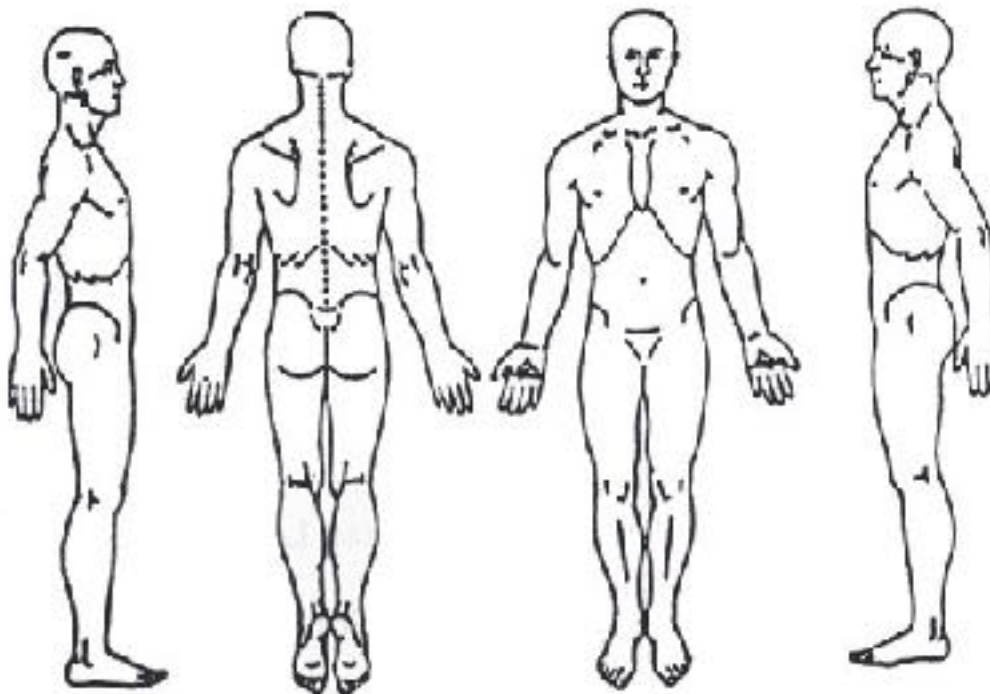
q Balance Problems q Bladder incontinence q Bowel incontinence q Chills

q Difficulty Walking q Fevers q Nausea q Vomiting

q Numbness/Tingling – Where? q Weakness – Where?

q I HAVE NOT RECENTLY DEVELOPED ANY OF THE ABOVE CONDITIONS.

Use this diagram to mark your areas of pain and also where the pain radiates





New Patient Intake Paperwork

IT TAKES A

VILLAGE

Previous treatments for your current pain;

q Physical Therapy: Date: _____

q Chiropractic: dates: _____

q Injections: Dates: _____

q Surgery: Dates: _____

q Acupuncture: Dates: _____

q Pain Psychology: Dates: _____

q Medications:

OTHER COMMENTS: _____



New Patient Intake Paperwork

IT TAKES A

VILLAGE

HEALTH HISTORY

General Health Review

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

Surgical History (**unrelated** to pain; such as appendectomy)

Surgical History (**related** to pain; such as laminectomy)

Allergies (include medication and food allergies)

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

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

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



New Patient Intake Paperwork

IT TAKES A

VILLAGE

Night sweats	fever	Weight gain	Weight loss
Vision Problems	Hearing problems	nosebleeds	swelling in the feet
Chest Pain	Shortness of Breath	cough	wheezing
Stomach Pain	constipation	vomiting	Swollen Joints
Joint pain	blood in urine	painful urination	Headaches
Dizziness	Depressed mood	suicidal planning	suicidal thoughts
			rash

Domestic Situation

With whom do you live?

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

If yes, please explain

Are you able to take care of yourself? Yes _____ No _____

If not, please enter name of caregiver

Work History: Most recent Job

Job Years worked: If unemployed, Why did you leave?

Legal Matters

Are you presently involved in a lawsuit? Yes _____ No _____ If yes, please explain.

Substance Use

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

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? _____



New Patient Intake Paperwork

IT TAKES A

VILLAGE

Do you currently drink Alcohol? Yes _____ No _____

If Yes, how much? _____

Have you in the past had a problem with alcohol? Yes _____ No _____

Do you currently use any marijuana? Yes _____ No _____

Do you currently use any illegal drugs? Yes _____ No _____

If so which drug? _____

Have you had a problem in the past with drug use? Yes _____ No _____