



GILBERT NEUROLOGY

PAIN PATIENT QUESTIONNAIRE

- NAME: _____
- DOB: _____ AGE: _____

- Spinal Cord Stimulator____ Pain Pump____ (Check which one)
- Who is your referring physician? _____
- Specify where your pain is located and where it may radiate to?
• _____
• _____
- When did, the pain begin? _____
• _____
- What was the cause? _____
• _____
- What kind of medications do you currently take for pain? _____
• _____
- On a scale from 0 to 10, 10 being the worst pain you have ever felt, what would you rate your pain without medication? _____ With medication? _____
- Does anything besides medication bring you relief? _____
• _____
- What is the highest level of education you obtained? _____
- What is your marital status? _____
- Do you have children and if so how many? _____
- What kind of work do you do OR have done? _____
- If retired, how long have been retired? _____
- Are you currently on disability? _____
- Please describe your psychiatric history, diagnoses and symptoms if any: _____
• _____
• _____
- Please describe any hospitalizations for psychiatric reasons (panic attacks, suicide attempts, etc.) _____
• _____
• _____
- List any type of psychiatric medications you take or have taken: _____
• _____

- Describe any current or past counseling/psychotherapy? _____

- _____

- Do you use illicit drugs? _____ What kind? _____

- Do you consume alcohol? _____ How much a week? _____

- Do you use Marijuana? _____ How much a week? _____

- Use this section to inform the doctor of any additional information you want him to know

- _____

- _____

- _____

- _____

- _____

- _____