ALASKA NATIVE MEDICAL CENTER

Pain Management Questionnaire

Dear Patient,

You are being referred to the Pain Management Clinic. Before you can get scheduled for an evaluation, we ask that you complete the questions on the next page to the best of your ability. You may ask your Primary Care Provider for help if needed.

Once complete, please give a copy of this form to your Primary Care Provider to be put in your chart and attached to your referral.

Scan this document to chart as: **Note Type:** Pain Mgmt Intake Assessment
Subject: CPMC Questionnaire

Please attach the scanned questionnaire in Referral Management under Documents.

If you are unable to upload to Cerner EHR, you may also hand deliver, mail or fax a copy of the completed questionnaire to the clinic:

Alaska Native Medical Center
Pain Management Clinic
4315 Diplomacy Drive
Anchorage, AK 99508

Phone: 907-729-2525 Fax: 907-729-2526

ANMC's Pain Management Clinic <u>does not</u> prescribe medications. If you are in need of prescriptions, you should discuss this with your primary care provider.

Patient Identification Label

Patient Name: _____ DOB: _____ Date: _____

Alaska Native Medical Center
Pain Management Questionnaire

1. What is the main reason for your referral to the Pain Management Clinic? _____

_____

2. When did your pain begin? _____(month/day/year)

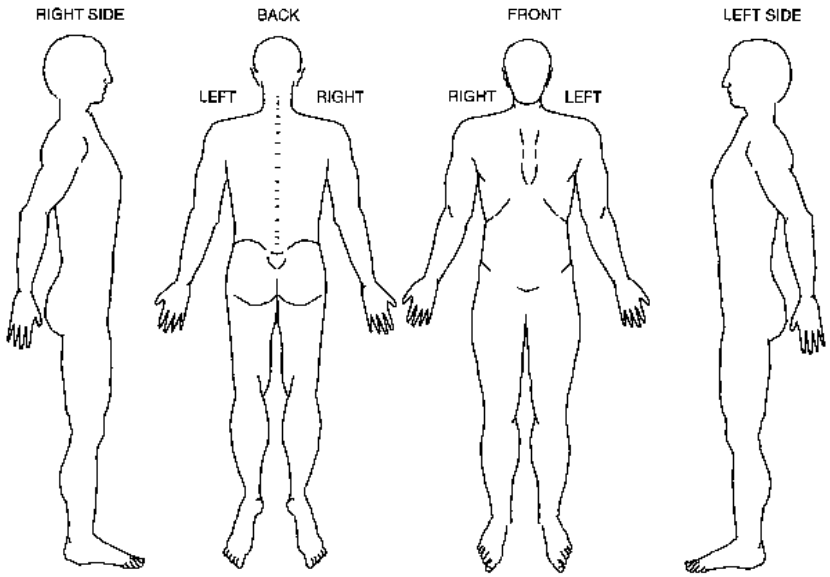
3. How was your pain caused? Please select all that apply.

☐ Home accident ☐ Work accident ☐ No known cause
☐ After surgery ☐ Car accident ☐ Other (Describe)_____
☐ After an illness ☐ ATV / Snow Machine accident

4. What is your pain level? Please select all that apply.

☐ Constant ☐ Achy ☐ Stinging ☐ Shooting ☐ Sharp
☐ Intermittent ☐ Dull ☐ Burning ☐ Throbbing

5. Where is your pain located? Please mark where your pain is in the body diagram below.



6. What treatment(s) have you already had for this pain? Please select all that apply.

☐ Pain Medications ☐ Physical Therapy ☐ Orthotics / Braces
☐ Injections ☐ Chiropractic Treatment ☐ Surgery (please obtain records)
☐ Counseling ☐ Massage Therapy

7. Is there anything else you think would be helpful for us to know before your appointment?

_____

Patient Identification Label