

CNC Pain Consultation & Treatment Center

2211 Lomas Blvd. NE
Albuquerque, NM 87106
505-925-4431

New Patient Form

Please complete this form. It is part of your first visit at the Pain Center. Please answer **every question** the best you can. Bring this form with you when you come to the Pain Center. **If this form is *not* filled out, your visit may take much more time.**

Some questions may not

II. Pain History:

1. Please describe how your pain started: _____

2. Please circle the word(s) which describe your pain best (sk

25. Please list **ALL the medications and supplements** you are currently taking:

	Medication	Dose	How Often Taken	For What Condition/Problem
1.				
2.				
3.				
4.				
5.				
6.				
7.				

8.

28. What, if anything, has helped your pain the most

29. Any loss of bowel or bladder control? Yes No

30. Constipation? Yes No

Is it managed? Yes No

31. What do you take to prevent/ treat constipation?

33. If you have any of these symptoms, do you think that they are due to your medication? Yes No

34. Sleep pattern: You get _____ hours of sleep per night, including _____ hours of uninterrupted sleep.

35. Number of times waking due to pain: _____

32. Other Issues?

weight loss	
weight gain	
fever	
daytime sedation	
confusion	
memory problems	
balance problems	
coordination problems	

IV.

VII. Review of Systems (mark all that apply)

General

None

Fever

Chills

Sweats

Change in sleep habits

Fatigue

Weight gain

Weight loss

Other: _____

13. Do you feel safe in your home? Yes No

14. Please list significant sources of stress in your life **other than the pain**:

15. Sources of income: Do you work outside the home? Yes No

16. If yes, what is the nature of your work? _____

17. If no, when was the last time you worked? _____

18. Are you receiving or applying for any of the following:

Medicaid	Yes	No	Date applied
Medicare	Yes	No	Date applied
SSI Disability	Yes	No	Date applied
Other Disability	Yes	No	Date applied
compensation	Yes	No	Date applied
General assistance	Yes	No	Date applied
Food stamps	Yes	No	Date applied

19. Are you involved with or considering legal action? Yes No

20. 3 612.7 TmETBT71 Tm(Y)5(es)-3()JT2.83 Tm0 g0191PJ Tf1 0 0 1 49.8 461.47sgal action?