



# River Oaks Pain Management

“Compassionate Physicians for Complex Problems”

## **NECK PAIN**

CHECK ONE OF THE FOLLOWING:

- Neck pain \_\_\_\_\_
- Neck and arm pain \_\_\_\_\_

THE PAIN RADIATES TO THE:

- The back of the head \_\_\_\_\_
- The shoulder \_\_\_\_\_
- Elbow(s) \_\_\_\_\_
- Wrist(s) \_\_\_\_\_
- Hand(s) \_\_\_\_\_
- The first and second fingers \_\_\_\_\_
- The second, third, and fourth fingers \_\_\_\_\_
- The fourth and fifth fingers \_\_\_\_\_
- Arm(s) \_\_\_\_\_
- Leg(s) \_\_\_\_\_

THE ONSET OF THE PAIN HAS BEEN:

- Within the last three days \_\_\_\_\_
- Within the last three weeks \_\_\_\_\_
- Within the last three months \_\_\_\_\_
- Within the last year \_\_\_\_\_
- Within the one to two years \_\_\_\_\_
- Within the last two to three years \_\_\_\_\_
- Within the last three to four years \_\_\_\_\_
- Within the last four or five years \_\_\_\_\_
- Over five years ago \_\_\_\_\_
- Over ten years ago \_\_\_\_\_

HAVE YOU CONSULTED WITH:

- An orthopedic surgeon \_\_\_\_\_
- A neurosurgeon \_\_\_\_\_
- A GI specialist \_\_\_\_\_

DESCRIBE THE PAIN:

- Deep \_\_\_\_\_
- Tingling \_\_\_\_\_
- Aching \_\_\_\_\_
- Burning \_\_\_\_\_
- Dull \_\_\_\_\_
- Pressure \_\_\_\_\_
- Sharp \_\_\_\_\_

- Shooting \_\_\_\_\_
- Throbbing \_\_\_\_\_
- Numbness \_\_\_\_\_
- Sore \_\_\_\_\_

HAVE YOU SUCCESSFULLY GAINED RELIEF WITH:

- A Spinal Cord Stimulator \_\_\_\_\_ Not Tried\_\_\_\_\_
- Injections \_\_\_\_\_ Not Tried\_\_\_\_\_
- Surgery \_\_\_\_\_ Not Tried\_\_\_\_\_
- Ice \_\_\_\_\_ Not Tried\_\_\_\_\_
- Heat \_\_\_\_\_ Not Tried\_\_\_\_\_
- Hypnosis \_\_\_\_\_ Not Tried\_\_\_\_\_
- A TENS unit \_\_\_\_\_ Not Tried\_\_\_\_\_
- Acupuncture \_\_\_\_\_ Not Tried\_\_\_\_\_
- Bio-feedback \_\_\_\_\_ Not Tried\_\_\_\_\_
- Chiropractic care \_\_\_\_\_ Not Tried\_\_\_\_\_
- Physical therapy for at least four weeks \_\_\_\_\_ Not Tried\_\_\_\_\_
- Over the counter medications \_\_\_\_\_ Not Tried\_\_\_\_\_
- Prescription medications \_\_\_\_\_ Not Tried\_\_\_\_\_
- Sitting \_\_\_\_\_ Not Tried\_\_\_\_\_
- Lying down \_\_\_\_\_ Not Tried\_\_\_\_\_
- Elevating legs \_\_\_\_\_ Not Tried\_\_\_\_\_
- Massaging \_\_\_\_\_ Not Tried\_\_\_\_\_

THE PAIN BEGAN:

- While exercising \_\_\_\_\_
- At work \_\_\_\_\_
- When the patient was hit by an accident \_\_\_\_\_
- After bending \_\_\_\_\_
- After falling \_\_\_\_\_
- After lifting \_\_\_\_\_
- After an MVA \_\_\_\_\_
- After pushing a heavy object \_\_\_\_\_
- After repetitive motion \_\_\_\_\_
- After twisting \_\_\_\_\_
- After walking \_\_\_\_\_
- After eating \_\_\_\_\_
- After surgery \_\_\_\_\_
- After an accident at work \_\_\_\_\_

THE PAIN IS:

- Constant, with periods of increasing pain \_\_\_\_\_
- Constant, with no changes in the intensity  
Of the pain \_\_\_\_\_
- Pain that is episodic only, with periods that  
are pain free \_\_\_\_\_

WHAT ARE SOME OF YOUR SYMPTOMS:

- Hot and cold skin changes \_\_\_\_\_

- Sensitivity to light touch \_\_\_\_\_
- Joint pain \_\_\_\_\_
- Redness \_\_\_\_\_
- Tingling \_\_\_\_\_
- Numbness \_\_\_\_\_
- Shiny skin \_\_\_\_\_
- Swelling \_\_\_\_\_
- Pain after meals \_\_\_\_\_
- Diarrhea \_\_\_\_\_
- Constipation \_\_\_\_\_

WHAT AGGRAVATES THE PAIN:

- Walking \_\_\_\_\_
- Right bending \_\_\_\_\_
- Left bending \_\_\_\_\_
- Extension \_\_\_\_\_
- Flexion \_\_\_\_\_
- Coughing, sneezing, or riding for extended periods \_\_\_\_\_
- Cold \_\_\_\_\_
- Heat \_\_\_\_\_
- Light or sound \_\_\_\_\_
- Eating \_\_\_\_\_
- Sitting \_\_\_\_\_
- Medication \_\_\_\_\_
- Activity \_\_\_\_\_
- Standing \_\_\_\_\_
- Lifting \_\_\_\_\_
- Weather \_\_\_\_\_

PRESENTLY YOUR DAILY ACTIVITY INCLUDES:

- 1. Lifting less than 10 lbs \_\_\_\_\_
- 2. Lifting between 10 to 20 lbs \_\_\_\_\_
- 3. Lifting between 20 to 50 lbs \_\_\_\_\_
- 4. Lifting greater than 50 lbs \_\_\_\_\_
- 5. Primarily sitting \_\_\_\_\_
- 6. Standing for extended periods of time \_\_\_\_\_
- 7. Repetitive bending \_\_\_\_\_
- 8. Repetitive arm motion \_\_\_\_\_