



Advanced Pain Management

Patient Name: _____ DOB: _____

SS# _____

Instructions: Please fill in the bubble completely next to each item which applies to you.

**** Please **DO NOT** use a check mark or "X" to mark the bubbles ****

(PMH)

Past Medical History

- | | | | | | |
|--|-----------------------|-----|-----------------------------|-----------------------|-----|
| Acute myocardial infarction | <input type="radio"/> | Yes | Pacemaker | <input type="radio"/> | Yes |
| Angina | <input type="radio"/> | Yes | Parkinsons disease | <input type="radio"/> | Yes |
| Anxiety disorder | <input type="radio"/> | Yes | Peripheral neuropathy | <input type="radio"/> | Yes |
| Apnea | <input type="radio"/> | Yes | Peripheral vascular disease | <input type="radio"/> | Yes |
| Asthma | <input type="radio"/> | Yes | Renal failure | <input type="radio"/> | Yes |
| Blood Disorders | <input type="radio"/> | Yes | Seizures | <input type="radio"/> | Yes |
| Cancer, Skin | <input type="radio"/> | Yes | Sleep apnea | <input type="radio"/> | Yes |
| Colon cancer | <input type="radio"/> | Yes | Stroke | <input type="radio"/> | Yes |
| COPD | <input type="radio"/> | Yes | Thyroid disease | <input type="radio"/> | Yes |
| Coronary artery disease | <input type="radio"/> | Yes | TIA | <input type="radio"/> | Yes |
| Coumadin therapy | <input type="radio"/> | Yes | Ulcerative colitis | <input type="radio"/> | Yes |
| Fibromyalgia | <input type="radio"/> | Yes | Breast cancer | <input type="radio"/> | Yes |
| Heart attack | <input type="radio"/> | Yes | Carpal tunnel | <input type="radio"/> | Yes |
| Heart disease | <input type="radio"/> | Yes | Chronic pancreatitis | <input type="radio"/> | Yes |
| Heartburn | <input type="radio"/> | Yes | CKD | <input type="radio"/> | Yes |
| Hepatitis | <input type="radio"/> | Yes | Diabetes type 2 | <input type="radio"/> | Yes |
| Hypertension | <input type="radio"/> | Yes | Drug abuse | <input type="radio"/> | Yes |
| Incontinence | <input type="radio"/> | Yes | Gout | <input type="radio"/> | Yes |
| Insulin-dependent diabetes mellitus (IDDM) | <input type="radio"/> | Yes | HIV positive | <input type="radio"/> | Yes |
| | <input type="radio"/> | Yes | Multiple sclerosis | <input type="radio"/> | Yes |
| Morbid obesity | <input type="radio"/> | Yes | Renal stones | <input type="radio"/> | Yes |
| Osteoarthritis | <input type="radio"/> | Yes | | | |