

Westerly Spine & Pain Center

New Patient Introduction

You have been referred to the Westerly Spine & Pain Center. Our focus is the evaluation and management of low back pain, and other disorders of the spine. Our goal is to help you improve your level of function, assist with the management of your symptoms and hopefully reduce your level of pain.

In order to develop an effective treatment plan, we need to obtain very detailed information about you and your health. Please take the time to complete the following questionnaire in its entirety, as this will assist us in your evaluation. Should any aspect of the questionnaire remain empty, we will ask that you complete the questionnaire prior to being seen by the physician – which may lead to a delay in your visit. If you have any trouble filling out the form, please advise our staff so that we may assist you.

Center Policies:

1. Please call us at least 48 hours in advance if you are unable to keep your scheduled appointments. We do NOT currently charge for missed appointments.
2. Patients who miss scheduled appointments without adequate prior notification may be dismissed from the practice at the discretion of the physician.
3. Please make every effort to arrive on time for appointments. Late-arriving patients may have to be re-scheduled.
4. On your first visit please bring along a COMPLETE list of your medications so that we may correctly keep track of them.
5. On your first visit please bring along Hard Copies (either Films or CDs) of your recent (preferably last 2 years) MRIs, CT scans, X-rays as it relates to your pain condition.

Chronic Pain:

1. Please understand chronic pain is different from acute pain. There is rarely “immediate” relief from chronic pain. It may require several treatments/visits to begin to determine the correct underlying diagnosis, as well as address the chronic pain and its related issues.
2. Dr. Hamburger employs a non-narcotic approach to chronic pain, and as a consultant he does not take over the prescription of chronic pain medication, but will make recommendations to the referring physician.

Outpatient Clinic:

- As this is an outpatient clinic, we do not provide emergency care. Any medical emergencies need to be addressed through an Emergency Room (E.R.) visit.
- Dr. Hamburger is assisted by Mrs. Catherine Benoit, APRN. Mrs. Benoit is an experienced Nurse Practitioner (>20 years of spine related experience) who will assist in new patient evaluations, follow-ups and other clinical care.

Thank you,

Adrian Hamburger, M.D. and the Staff at the Westerly Spine & Pain Center

Westerly Spine & Pain Center

New Patient History and Intake Form

Date: _____	Name: _____
Age: _____	Sex (M/F): _____

1) Who referred you?

PCP: _____

Referring Specialist: _____

Where is your pain now?

Mark the areas on your body where you feel the sensations described below, using the appropriate symbol. Mark the areas of radiation. Include all affected areas. To complete the picture, please draw in your face.

Aching

^^^

Numbness

===

Pins & Needles

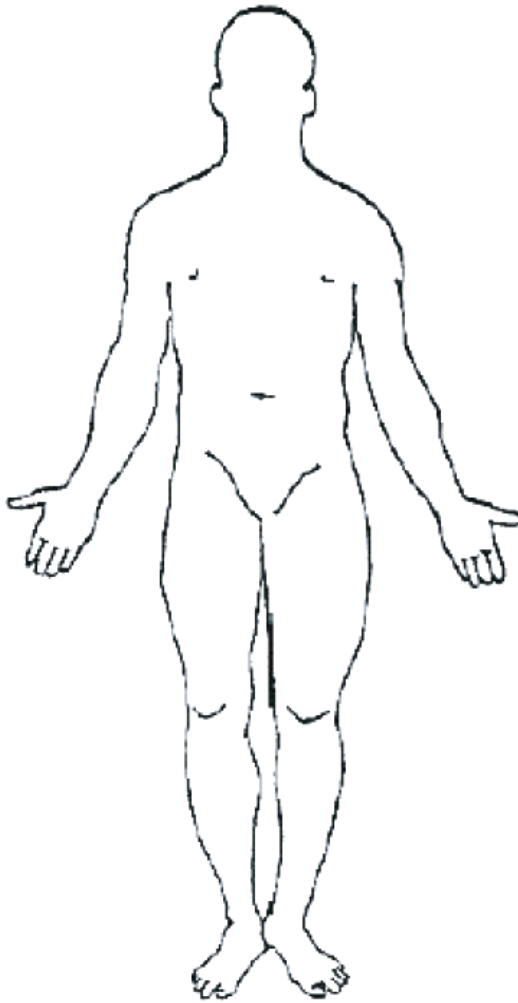
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Burning

xxx

Stabbing

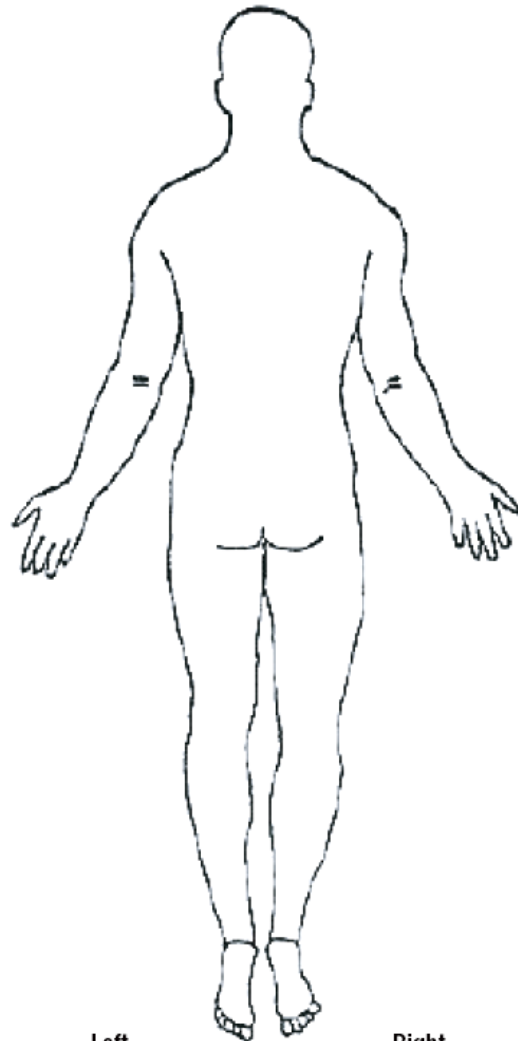
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Right

Front

Left



Left

Back

Right

3. How did the pain start?

- Suddenly Pulling
- Gradually Injured at work
- Lifting Injured in auto accident
- Twisting Hit from behind
- Fall Injured during sports
- Bending No apparent cause

4. What activities make the pain worse?

- Exercise (during) Bending forward
- Exercise (after) Bending backward
- Sitting Coughing
- Standing Sneezing
- Walking Twisting

5. What reduces the pain?

- Lying down Physical Therapy
- Sitting Injections
- Standing Muscle Relaxant Pills
- Walking Anti-inflammatory Pills
- Chiropractic Cognitive Therapy
- TENS unit Other: _____

6. Have you had any of these?

	Yes	No
Diagnostic X-rays	<input type="checkbox"/>	<input type="checkbox"/>
CT scan	<input type="checkbox"/>	<input type="checkbox"/>
Myelogram	<input type="checkbox"/>	<input type="checkbox"/>
EMG	<input type="checkbox"/>	<input type="checkbox"/>
Discogram	<input type="checkbox"/>	<input type="checkbox"/>
MRI	<input type="checkbox"/>	<input type="checkbox"/>
Injections	<input type="checkbox"/>	<input type="checkbox"/>

7. Have you had any of these symptoms?

- numbness (where: _____)
- weakness (where: _____)
- loss of bladder control
- loss of bowel control

8. Have you ever been hospitalized or seen in the ER for this pain?

- No Yes - Number of times ____ Most recent visit (Date) _____

9. Have you had surgery for this problem?

- No Yes - What kind of surgery (ie: fusion, discectomy): _____

Major Illness or Medical Problems:

- Diabetes High Blood Pressure Heart Disease Asthma
- Emphysema Hepatitis High Cholesterol Glaucoma
- Heart Attack (When: _____) Seizures

Other Medical Problems: _____

Past Surgeries (please include dates):

Rate your pain by circling the number that describes your pain at its **WORST** (0=No Pain)

0 1 2 3 4 5 6 7 8 9 10

Rate your pain by circling the number that describes your pain at its **LEAST** (0=No Pain)

0 1 2 3 4 5 6 7 8 9 10

Rate your pain by circling the number that describes your pain on the **AVERAGE**

0 1 2 3 4 5 6 7 8 9 10

- 1 - Easy to ignore, 2 - Tolerable, 3 - Distracting
- 4 - Distressing and Interferes with activities
- 5 - Very Distressing/prevents some activities
- 6 - Very Distressing/Trouble with simple activities
- 7 - Need Help from others for simple activities
- 8 - Pain prevents movement, 9 - Screaming/Agony
- 10 - Passing out due to pain

12. Allergies:

- Contrast dye (or Iodine)
- Antibiotic(s): _____
- Other: _____

13. Medications:

Please list your **current** Pain Medications:

Please list your **current** Regular Medications:

- Plavix Coumadin Ticlid
- If female, are you pregnant? Yes No

Family History (please list any major health problems)

Mother's age: ____ (deceased) _____

Father's age: ____ (deceased) _____

Siblings: _____

Children: _____

Social History:

Single Married Separated/Divorced Widowed

Name of Employer: _____ Retired Unemployed Disability

If you had an injury, was it work related? Yes No

Disability: Yes No

Litigation: Are you currently involved or planning on initiating a legal case? Yes No

Tobacco:

Yes-Currently Yes-in the past No-never

How many packs/day? _____ How many years did you smoke for? _____

When did you quit? _____

Alcohol:

Yes No If yes, how many drinks/day? _____

Illicit Drug Abuse:

Marijuana Heroin Cocaine Amphetamines None

Have you ever had a problem w/ prescription medications (ie: misuse, abuse, addiction)?

Yes No Which drugs? _____

History of Alcohol Abuse: Yes No

History of Substance Abuse: Yes No

Review of Symptoms (please check the box if you have had any of these symptoms recently):

Constitutional:

Fever Unexpected Weight loss Unexpected Weight gain
 Sweats Chills Fatigue

Head & Neck:

Ringing in the ears Congestion Difficulty Swallowing
 Hearing Loss Glaucoma Blurry Vision

Pulmonary:

Shortness of breath Wheeze Cough Require Oxygen

Cardiac:

Chest Pain Palpitations Heart Attack High Blood Pressure
 Arrhythmia Valve disease

Gastro-intestinal:

Nausea Vomiting Heartburn Constipation
 Hemorrhoids Blood in stool Ulcers Diarrhea

Genito-Urinary:

Frequent urination Difficulty urinating Painful intercourse Menstrual problems
 Pain during urination Kidney Stones Prostate problems Blood in urine

Skin:

Easy Bruising Itching Rash Jaundice

Musculoskeletal:

Joint Pain Muscle Cramps Fractures Difficulty walking
(requiring cane/walker)

Hematologic/Endocrine

Thyroid Problems Diabetes Bleeding gums Bleeding disorder Hair loss

Psychological:

Depression Anxiety Panic Attacks Suicide attempts
 Suicidal thoughts Emotional Problems Mood disorder

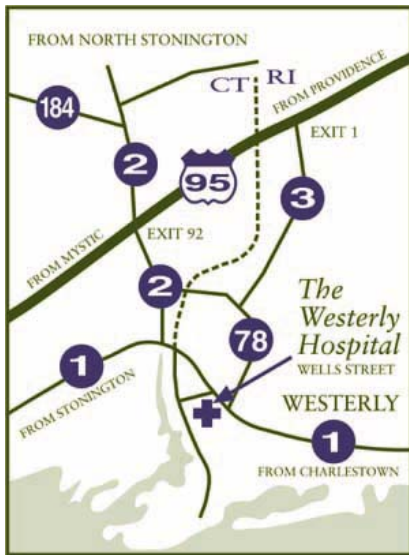
Neurological:

Headaches Seizures Paralysis Dizziness Memory Loss Confusion

Location and Directions

The Spine & Pain Center is located on the 1st floor of the Westerly Hospital
- approximately 20 feet from the Main Information Desk:

25 Wells Street
Westerly, RI 02891
(401) 348-3865
(800) 933-5960
Fax (401) 348-3641



From Rhode Island

Take I-95 South to exit 1. Bear right onto Route 3 and follow to Route 78. Take 78 East to Route 1 and turn right. Follow to the third traffic light; turn left onto Wells Street.

From Connecticut

Take I-95 North to exit 92. Bear right onto Route 2. Follow to Route 78 East. Take 78 East to Route 1 and turn right. Follow to the third traffic light; turn left onto Wells Street.