

PAIN CONSULTANTS OF ARIZONA, IN COLLABORATION WITH HONOR HEALTH
Pain Treatment History Form

To help us provide you with the best care possible and to appropriately document for insurance requirements, it is important for us to have as much information about any of the following treatments you may have tried.

Interventional/Injection history details:

INJECTION TYPE:	Relief?	How much?	How long?	/ Most recent (if known)
	Yes / No			
<input type="checkbox"/> Epidural steroid injection <input type="checkbox"/> Cervical <input type="checkbox"/> Thoracic <input type="checkbox"/> Lumbar	<input type="checkbox"/>	<input type="checkbox"/>	_____ %	_____ / _____
<input type="checkbox"/> Radiofrequency ablation <input type="checkbox"/> Cervical <input type="checkbox"/> Thoracic <input type="checkbox"/> Lumbar	<input type="checkbox"/>	<input type="checkbox"/>	_____ %	_____ / _____
<input type="checkbox"/> Trigger point injection _____	<input type="checkbox"/>	<input type="checkbox"/>	_____ %	_____ / _____
<input type="checkbox"/> Joint injection (location) _____	<input type="checkbox"/>	<input type="checkbox"/>	_____ %	_____ / _____
<input type="checkbox"/> Spinal cord stimulator: device company? _____	<input type="checkbox"/>	<input type="checkbox"/>	_____ %	_____ / _____
<input type="checkbox"/> Other (please explain) _____				

Please indicate any of the following **PAIN MEDICATIONS** that you have tried:

	<u>HAVE YOU TRIED?</u>	<u>DID YOU GET RELIEF?</u>	
	YES	YES	/ NO
Anti-depressants			
Amitriptyline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Duloxetine (Cymbalta)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nortriptyline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Milnacipran (Savella)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anti-seizure (nerve) medications			
Gabapentin (Neurontin)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pregabalin (Lyrica)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NSAIDs (anti-inflammatories)			
Celecoxib (Celebrex)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diclofenac (Voltaren)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ibuprofen (Advil, Motrin)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indomethacin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meloxicam (Mobic)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Naproxen (Aleve)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HAVE YOU TRIED?

DID YOU GET RELIEF?

YES

YES / NO

Opioids

Buprenorphine (Butrans, Belbuca)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buprenorphine (Suboxone, Subutex)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hydrocodone (Vicodin, Norco, Hysingla)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hydromorphone (Dilaudid/Exalgo)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oxycodone (Oxycontin/ Xtampza/Percocet)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fentanyl patch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fentanyl-Cancer Pain (Lazanda, Subsys, Fentora)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Levorphanol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methadone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Morphine (Embeda, Kadian, MS Contin)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tapentadol (Nucynta)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tramadol (Ultram)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Skeletal muscle relaxants

Baclofen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carisoprodol (Soma)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cyclobenzaprine (Flexeril)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Metaxolone (Skelaxin)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methocarbamol (Robaxin)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tizanidine(Zanaflex)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Topicals / Patches

Lidocaine patches (Lidoderm patches)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diclofenac (Flector)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compounded creams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Cannabidiol (CBD) – no THC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Marijuana – with THC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What other **PAIN MEDICATIONS** not listed above have you tried in the past not listed above? Please comment on relief (if any) and side effects (if any):
