

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.

Treatment history details:

INJECTION TYPE:

**Relief? How much? How long? / Most recent
 (if known)**

- Physical Therapy
- Epidural steroid injection Cervical Thoracic Lumbar
- Radiofrequency ablation Cervical Thoracic Lumbar
- Trigger point injection (location) _____
- Joint injection (location) _____
- Spinal cord stimulator: device company? _____

- Other (i.e. chiropractic/acupuncture/massage)

Yes / No

<input type="checkbox"/>	<input type="checkbox"/>	_____ %	_____ / _____
<input type="checkbox"/>	<input type="checkbox"/>	_____ %	_____ / _____
<input type="checkbox"/>	<input type="checkbox"/>	_____ %	_____ / _____
<input type="checkbox"/>	<input type="checkbox"/>	_____ %	_____ / _____
<input type="checkbox"/>	<input type="checkbox"/>	_____ %	_____ / _____

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

HAVE YOU TRIED?

DID YOU GET RELIEF?

	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"/>

	<u>HAVE YOU TRIED?</u>	<u>DID YOU GET RELIEF?</u>	
	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):
