MP | MUNSHI
MODERN PAIN

NEW PATIENT FORM

Welcome to Munshi Modern Pain. Your completed paperwork will help us get you know you and your medical history. We appreciate the time you've taken to fill out our form and your answers will allow us to create an individualized treatment plan for your pain. Please do not hesitate to ask our front staff if you have any questions regarding this form.

Name:_____ **Date of Birth:** _____

Address:_____

City:_____ **State:**_____ **Zip:**_____

Home Phone: (___)_____ **Cell:** (___)_____

Work: (___)_____ **Email:** _____

Emergency contact Name:_____ **phone #**_____

Primary Care Physician: _____ **Phone#** _____

Referring Physician: _____ **Phone#** _____

Preferred Pharmacy: _____ **Pharmacy Phone:** _____

Pharmacy Address: _____

INSURANCE:

Primary Insurance Payer: _____ **Sec. Insurance Payer:** _____

Policy/ID#: _____ **Policy/ID#:** _____

Group #: _____ **Group #:** _____

For questions or concerns please contact our Office staff.

Munshi Modern Pain
12835 Gulf Freeway, Houston, TX 77034 | 5420 West Loop South Bellaire, TX 77401 Suite 1100
PHONE: 281-922-9979
FAX: 281-929-0804

Where is your primary pain? _____

How long has it been present? _____

Pain Intensity? (Rate 0 – 10, zero being no pain and ten being the type of pain that makes you pass out):

Today: _____ Worst: _____ Best: _____ Avg:_____

What caused your pain? (CHECK ALL THAT APPLY)

	GRADUALLY		SUDDENLY		FALL		LIFT / BENDING
	JUMPING		CAR ACCIDENT		WORK INJURY		OTHER:

How often is your pain?

	CONSTANT		INTERMITTENT

When is your pain worst? (Circle):

	MORNINGS		DURING THE DAY		EVENINGS

Describe the pain symptoms: (CHECK ALL THAT APPLY)

	ACHING		DULL		CRAMPING		THROBBING		SORE		SHARP		PRESSURE
	BURNING		STABBING		NUMB		TINGLING		ELECTRICAL		SPASMING		

What makes your pain worse? (CHECK ALL THAT APPLY)

	BENDING FORWARDS		BENDING BACKWARDS		PROLONGED SITTING		PROLONGED STANDING		LIFTING
	GOING UPSTAIRS		GOING DOWNSTAIRS		WALKING		INCREASED ACTIVITY		

What makes your pain better? (CHECK ALL THAT APPLY)

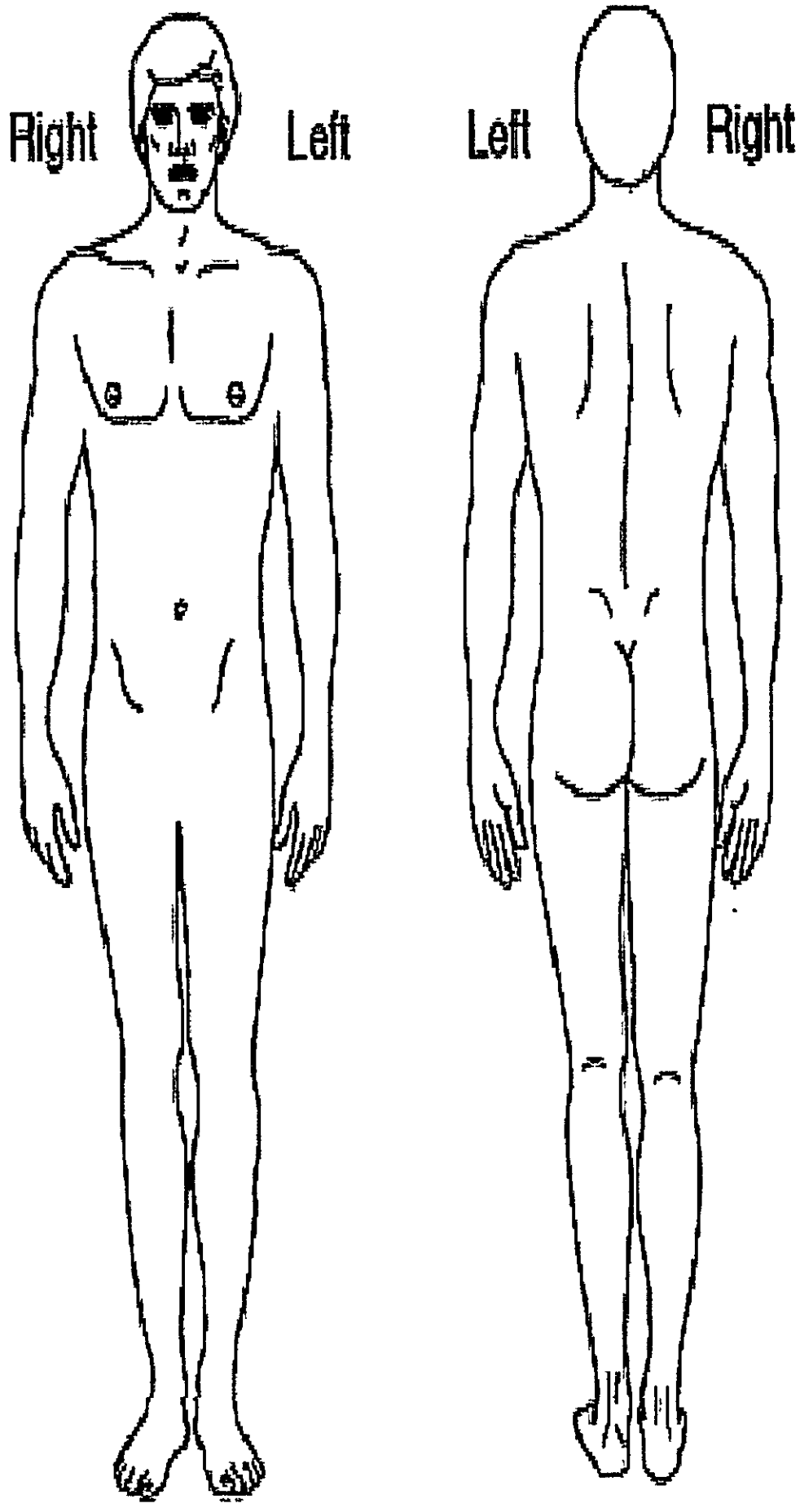
	LYING FLAT		REST		HEAT		ICE
	MASSAGE		PT / EXERCISE		SITTING		STANDING
	MEDICATIONS		INJECTIONS		WALKING		STRETCHING
	LEANING FORWARD		LEANING BACKWARDS		NOTHING		

Munshi Modern Pain
12835 Gulf Freeway, Houston, TX 77034 | 5420 West Loop South Bellaire, TX 77401 Suite 1100
PHONE: 281-922-9979
FAX: 281-929-0804

MP | MUNSHI
MODERN PAIN

Use this diagram to indicate the location and type of your pain. Mark the drawing with the following letters that best describe your symptoms:

"N" = numbness
"S" = stabbing
"B" = burning
"P" = pins and needles
"A" = aching



Munshi Modern Pain
12835 Gulf Freeway, Houston, TX 77034 | 5420 West Loop South Bellaire, TX 77401 Suite 1100
PHONE: 281-922-9979
FAX: 281-929-0804

MP | MUNSHI
MODERN PAIN

Do you have any the following associated symptoms? (CHECK ALL THAT APPLY)

	NEW BOWEL INCONTINENCE		**NEW** BLADDER INCONTINENCE		FEVER		CHILLS		BALANCE DIFFICULTIES
	UNEXPECTED WEIGHT LOSS		HISTORY OF CANCER		NUMBNESS (where):		WEAKNESS (where):		

What medications you have tried to treat your pain?

What conservative treatments have you tried so far? (CHECK ALL THAT APPLY)

	PT		AQUATIC THERAPY		MASSAGE THERAPY		CHIROPRACTOR
	TENS unit		ACUPUNCTURE		ULTRASOUND		PSYCHOLOGY

Any interventional procedures tried in the past? (Circle all that apply)

	EPIDURAL STEROID INJECTIONS		SI JOINT INJECTIONS		FACET INJECTIONS		JOINT INJECTIONS		TRIGGER POINTS INJECTIONS
	NERVE BLOCKS		RADIOFREQUENCY ABLATION		SPINAL CORD STIMULATION		INTRATHECAL PAIN PUMP		

PLEASE LIST ALL SURGERIES YOU HAVE HAD:

DATE OF SURGERY	SURGERY

Munshi Modern Pain
12835 Gulf Freeway, Houston, TX 77034 | 5420 West Loop South Bellaire, TX 77401 Suite 1100
PHONE: 281-922-9979
FAX: 281-929-0804

MP | MUNSHI
MODERN PAIN

HAVE YOU SEEN PAIN MANAGEMENT BEFORE, IF SO PLEASE LIST THE NAME AND ADDRESS OF THE DOCTOR(s):

1. _____

2. _____

3. _____

Past Medical History:

Mark the following conditions/diseases that you have been treated for in the past:

General Medical
- ☐ Cancer – Type _____
- ☐ Diabetes – Type _____
- ☐ HIV / AIDS

Head/Eyes/Ears/Nose/Throat
- ☐ Glaucoma
- ☐ Headaches
- ☐ Head Injury
- ☐ Hyperthyroidism
- ☐ Hypothyroidism
- ☐ Migraines

Cardiovascular / Hematologic
- ☐ Anemia
- ☐ Bleeding Disorders
- ☐ Coronary Artery Disease
- ☐ Heart Attack
- ☐ High Blood Pressure
- ☐ High Cholesterol
- ☐ Mitral Valve Prolapse
- ☐ Murmur
- ☐ Pacemaker/Defibrillator
- ☐ Phlebitis
- ☐ Poor Circulation
- ☐ Stroke

Respiratory
- ☐ Asthma
- ☐ Bronchitis
- ☐ Emphysema / COPD
- ☐ Pneumonia
- ☐ Tuberculosis
- ☐ Valley Fever

Gastrointestinal
- ☐ Bowel Incontinence
- ☐ Acid Reflux (GERD)
- ☐ Gastrointestinal Bleeding
- ☐ Constipation

Musculoskeletal
- ☐ Amputation
- ☐ Bursitis
- ☐ Carpal Tunnel Syndrome
- ☐ Chronic Low Back Pain
- ☐ Chronic Neck Pain
- ☐ Chronic Joint Pain
- ☐ Fibromyalgia
- ☐ Joint Injury
- ☐ Osteoarthritis
- ☐ Osteoporosis
- ☐ Phantom Limb Pain
- ☐ Rheumatoid arthritis
- ☐ Tennis Elbow
- ☐ Vertebral Compression Fracture

Genitourinary/Nephrology
- ☐ Bladder Infection(s)
- ☐ Dialysis
- ☐ Kidney Infection(s)
- ☐ Kidney Stones
- ☐ Urinary Incontinence

Hepatic
- ☐ Hepatitis A (active / inactive / unsure)
- ☐ Hepatitis B (active / inactive / unsure)
- ☐ Hepatitis C (active / inactive / unsure)

Neuropsychological
- ☐ Alcohol Abuse
- ☐ Alzheimer Disease
- ☐ Bipolar Disorder
- ☐ Depression
- ☐ Epilepsy
- ☐ Prescription Drug Abuse
- ☐ Multiple Sclerosis
- ☐ Paralysis
- ☐ Peripheral Neuropathy
- ☐ Schizophrenia
- ☐ Seizures
- ☐ Reflex Sympathetic Dystrophy/CRPS
- ☐ Other Diagnosed Conditions

_____

Munshi Modern Pain
12835 Gulf Freeway, Houston, TX 77034 | 5420 West Loop South Bellaire, TX 77401 Suite 1100
PHONE: 281-922-9979
FAX: 281-929-0804

MP | MUNSHI
MODERN PAIN

PLEASE INDICATE WHICH (IF ANY) OF THE FOLLOWING BLOOD THINNERS YOU ARE TAKING:

	AGGRENOX		COUMADIN		EFFIENT		ELIQUIS		LOVENOX		PLAVIX
	PRADAXA		TICLID		WARFARIN		XARELTO		OTHER :		

PLEASE LIST ALL MEDICATIONS YOU ARE CURRENTLY TAKING:

MEDICATION NAME	DOSE	FREQUENCY

Allergies to medications / Latex / Iodine / Chicken:

drug: _____ **reaction:** _____

drug: _____ **reaction:** _____

drug: _____ **reaction:** _____

drug: _____ **reaction:** _____

Munshi Modern Pain
12835 Gulf Freeway, Houston, TX 77034 | 5420 West Loop South Bellaire, TX 77401 Suite 1100
PHONE: 281-922-9979
FAX: 281-929-0804

MP | MUNSHI
MODERN PAIN

Family History:

Mark all appropriate diagnoses as they pertain to your biological *MOTHER AND FATHER* only.

	Arthritis	Cancer	Diabetes	Headaches	Heart Disease	High Blood Pressure	High Cholesterol	Kidney Problems	Liver Problems	Osteoporosis	Rheumatoid Arthritis	Seizures	Stroke
Mother													
Father													

Other medical problems: _____

❑ I HAVE NO SIGNIFICANT FAMILY MEDICAL HISTORY ❑ I AM ADOPTED (No Medical History Available)

Social History:

Are you capable of becoming pregnant? ❑ Yes ❑No *If so,* are you currently pregnant? ❑ Yes ❑No

Highest level of education obtained: ❑ Grammar school ❑ High School ❑ College ❑ Post-graduate

Alcohol Use: ❑ Current Alcoholism ❑ Daily Limited Alcohol Use ❑ History of Alcoholism
❑ Never Drinks Alcohol ❑ Social Alcohol Use

Tobacco Use: ❑ Current Tobacco User ❑ Former Tobacco User ❑ Never Used Tobacco

Illegal Drug Use: ❑ Denies Any Illegal Drug Use ❑ Currently Using Illegal Drugs (Which: _____)

Munshi Modern Pain
12835 Gulf Freeway, Houston, TX 77034 | 5420 West Loop South Bellaire, TX 77401 Suite 1100
PHONE: 281-922-9979
FAX: 281-929-0804

MP | MUNSHI
MODERN PAIN

Review of Systems:

Cardiovascular: ❑ Bleeding Disorder ❑ Chest Pain ❑ Deep Vein Thrombosis
❑ Fainting ❑ High Blood Pressure ❑ Irregular Heartbeat ❑ Lightheadedness
❑ Shortness of Breath During Sleep ❑ Swelling in the Feet

Respiratory: ❑ Cough ❑ Wheezing ❑ Pulmonary Embolism
❑ Shortness of Breath on Exertion/Effort ❑ Shortness of Breath at Rest

Gastrointestinal: ❑ Abdominal Cramps ❑ Acid Reflux ❑ Constipation
❑ Coffee Ground Appearance in Vomit ❑ Dark and Tarry Stools ❑ Diarrhea
❑ Hernia ❑ Vomiting

Musculoskeletal: ❑ Back Pain ❑ Joint Pain ❑ Joint Stiffness
❑ Joint Swelling ❑ Muscle Spasms ❑ Neck Pain

Genitourinary/Nephrology: ❑ Blood in Urine ❑ Decreased Urine Flow/Frequency/Volume
❑ Erectile Dysfunction ❑ Flank Pain ❑ Painful Urination ❑ Pelvic Pressure

Neurological: ❑ Carpal Tunnel Syndrome ❑ Dizziness ❑ Headaches
❑ Instability When Walking ❑ Numbness/Tingling ❑ Seizures ❑ Tremors

Psychiatric: ❑ Depressed Mood ❑ Feeling Anxious ❑ Stress Problems
❑ Suicidal Thoughts ❑ Suicidal Planning

Munshi Modern Pain
12835 Gulf Freeway, Houston, TX 77034 | 5420 West Loop South Bellaire, TX 77401 Suite 1100
PHONE: 281-922-9979
FAX: 281-929-0804