

PAINMEDICS

Ajay Harpavat, MD

Please hand your current **INSURANCE CARD** to front desk

Please take a moment to complete this follow up sheet

CELL PHONES OFF PLEASE

NAME: _____
 Date of Birth: _____
 Today's date: _____
 Signature: _____

New Address? No Yes
 New Insurance? No Yes
 New Pharmacy? No Yes
 New Surgeries? No Yes

Any new medical issues? WHAT? _____

Since your last visit is your pain is

Better Same Worse

Did you have any injections on your last visit?

No Yes

Circle all that apply: Epidural, SI joint, Facet Joint, Trigger Point, Others

Pain today (Out of 10) _____/10

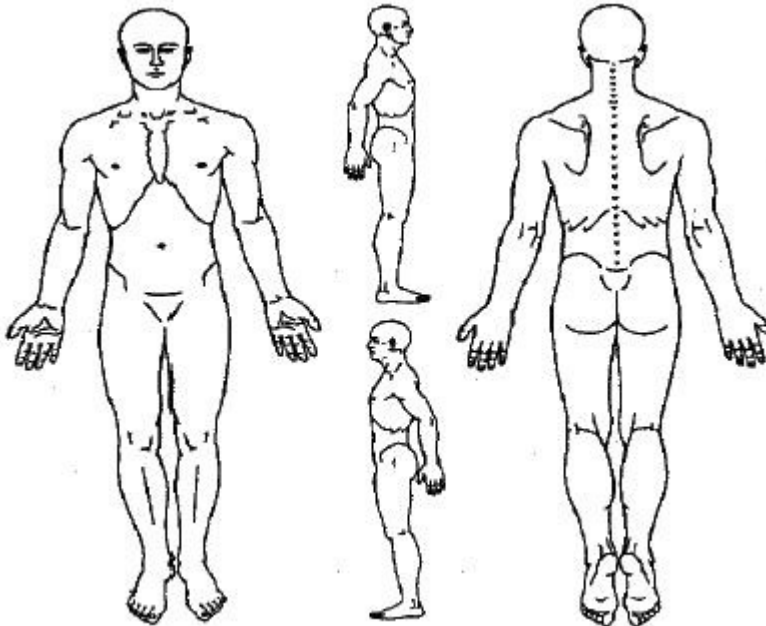
List all your current PAIN Medications? Please don't write... "same as before"

Name	Dose	How often	Name	Dose	How often
1			4		
2			5		
3			6		

Any side effects from your pain medications

No Yes

Constipation, Nausea/Vomiting, drowsiness, dry mouth, Other-



Please mark the areas where you are experiencing pain

B/P

HR

Resp.

Wt

Physician Notes: F/U _____ Weeks/prn

Changes/Cont. Same

Contract/ UDS

R/F given

Sch consult/Inj _____