



Accurate Clinic

2401 Veterans Memorial Blvd. Suite 16
Kenner, LA 70062 - 4799
Phone: 504.472.6130 Fax: 504.472.6128

www.AccurateClinic.com

Name: _____ DOB: _____ Date: _____

Painful Conditions

☐ Neck Pain ☐ radiates from neck: ☐ to shoulder(s) ☐ down the arms
☐ Mid-back Pain ☐ radiates from mid-back to anterior chest
☐ Low Back Pain ☐ radiates from the back down the leg(s)
☐ Shoulder Pain ☐ Elbow Pain ☐ Wrist Pain ☐ Hand Pain
☐ Hip Pain ☐ Knee Pain ☐ Ankle Pain ☐ Foot Pain
☐ Chronic Headaches ☐ Fibromyalgia ☐ TMJ ☐ Interstitial Cystitis
☐ Other: _____

Diagnostic Studies (most recent) – please circle MRI or CT

☐ MRI / CT neck year: _____
☐ MRI / CT mid-back year: _____
☐ MRI / CT low back year: _____
☐ MRI / CT shoulder year: _____
☐ MRI / CT hip year: _____
☐ MRI / CT knee year: _____
☐ MRI / CT brain year: _____

When was your most recent blood test for anemia, blood sugar, kidney and/or liver? _____

Past Medical History

☐ Ulcers: year: _____ ☐ Kidney Disease ☐ Kidney Stones
☐ Liver Disease (including cirrhosis and hepatitis) ☐ Hepatitis A ☐ Hepatitis B ☐ Hepatitis C
☐ Diabetes: ☐ Insulin ☐ Oral Medications ☐ Diet controlled only
☐ High Blood Pressure ☐ Heart Disease ☐ Stroke ☐ Cancer
☐ Anxiety ☐ Panic Attacks ☐ Depression ☐ Bipolar ☐ ADD/ADHD ☐ Schizophrenia
☐ Alcoholism / Abuse ☐ Narcotic (opiate) Abuse ☐ Benzodiazepine Abuse (Xanax, Valium etc)
☐ Other: _____

Family History

☐ Diabetes ☐ Aneurysms ☐ Heart Disease ☐ Kidney Disease ☐ Alcoholism ☐ Illicit Drug Abuse

Surgery and Procedures History (relating to your pain condition)

| | Surgery # of times | Surgery Date(s) | Cortisone Injections # of times | Injection Date(s) |
|-----------------------------------|-----------------------|--------------------|------------------------------------|----------------------|
| <input type="checkbox"/> Neck | | | | |
| <input type="checkbox"/> Mid-back | | | | |
| <input type="checkbox"/> Low back | | | | |
| <input type="checkbox"/> Shoulder | | | | |
| <input type="checkbox"/> Elbow | | | | |
| <input type="checkbox"/> Wrist | | | | |
| <input type="checkbox"/> Hip | | | | |
| <input type="checkbox"/> Knee | | | | |
| <input type="checkbox"/> Ankle | | | | |



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Alternative Treatments History

☐ Massage ☐ Effective ☐ Ineffective
☐ Physical Therapy year: _____ ☐ Effective ☐ Ineffective
☐ TENS Unit year: _____ ☐ Effective ☐ Ineffective ☐ have home TENS unit
☐ Acupuncture year: _____ ☐ Effective ☐ Ineffective
☐ Chiropractic year: _____ ☐ Effective ☐ Ineffective
☐ Other: _____

NSAIDs (non-steroid anti-inflammatory medicines)

☐ ibuprofen (Motrin/Advil) ☐ not helpful ☐ helpful: ☐ <10x/month ☐ >10x/month ☐ @ every day
☐ naproxen (Aleve) ☐ not helpful ☐ helpful: ☐ <10x/month ☐ >10x/month ☐ @ every day
☐ Aspirin ☐ not helpful ☐ helpful: ☐ <10x/month ☐ >10x/month ☐ @ every day
☐ Celebrex ☐ Effective ☐ Ineffective

Pain Medications History (previous or current)

☐ Ultram (tramadol) ☐ Effective ☐ Ineffective ☐ not tolerated
☐ Lorcet ☐ Effective ☐ Ineffective ☐ not tolerated
☐ Lortab ☐ Effective ☐ Ineffective ☐ not tolerated
☐ Norco ☐ Effective ☐ Ineffective ☐ not tolerated
☐ Percocet / Percodan ☐ Effective ☐ Ineffective ☐ not tolerated
☐ Oxycodone ☐ 15mg ☐ 30mg ☐ Effective ☐ Ineffective ☐ not tolerated
☐ Oxycotin ☐ Effective ☐ Ineffective ☐ not tolerated
☐ Opana IR ☐ Effective ☐ Ineffective ☐ not tolerated
☐ Opana ER ☐ Effective ☐ Ineffective ☐ not tolerated
☐ Morphine (MSIR) ☐ Effective ☐ Ineffective ☐ not tolerated
☐ MScontin (MSER) ☐ Effective ☐ Ineffective ☐ not tolerated
☐ Dilaudid ☐ Effective ☐ Ineffective ☐ not tolerated
☐ Exalgo ☐ Effective ☐ Ineffective ☐ not tolerated
☐ Nucynta ☐ Effective ☐ Ineffective ☐ not tolerated
☐ Butrans ☐ Effective ☐ Ineffective ☐ not tolerated
☐ Methadone ☐ Effective ☐ Ineffective ☐ not tolerated
☐ Suboxone ☐ Effective ☐ Ineffective ☐ not tolerated
☐ Neurontin (gabapentin) ☐ Effective ☐ Ineffective ☐ not tolerated dose: _____
☐ Lyrica (pregabalin) ☐ Effective ☐ Ineffective ☐ not tolerated dose: _____

Medications History for Anxiety, Depression or Sleep (previous or current) – if applicable

☐ Buspar ☐ Effective ☐ Ineffective ☐ not tolerated dose: _____
☐ Xanax (for: ☐ Anxiety ☐ Sleep) ☐ Effective ☐ Ineffective ☐ not tolerated
☐ Valium (for: ☐ Anxiety ☐ Sleep) ☐ Effective ☐ Ineffective ☐ not tolerated
☐ Klonopin (for: ☐ Anxiety ☐ Sleep) ☐ Effective ☐ Ineffective ☐ not tolerated
☐ Cymbalta (for: ☐ Anxiety ☐ Depression) ☐ Effective ☐ Ineffective ☐ not tolerated
☐ Effexor (for: ☐ Anxiety ☐ Depression) ☐ Effective ☐ Ineffective ☐ not tolerated
☐ Prozac (for: ☐ Anxiety ☐ Depression) ☐ Effective ☐ Ineffective ☐ not tolerated
☐ Paxil (for: ☐ Anxiety ☐ Depression) ☐ Effective ☐ Ineffective ☐ not tolerated
☐ Zoloft (for: ☐ Anxiety ☐ Depression) ☐ Effective ☐ Ineffective ☐ not tolerated
☐ Trazadone (for: ☐ Sleep ☐ Depression) ☐ Effective ☐ Ineffective ☐ not tolerated
☐ Elavil (amitriptyline) (for: ☐ Sleep ☐ Depression) ☐ Effective ☐ Ineffective ☐ not tolerated
☐ Ambien ☐ Effective ☐ Ineffective ☐ not tolerated



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Medications History for Muscle Relaxers (previous or current) – if applicable

| | | | |
|--|------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Soma | <input type="checkbox"/> Effective | <input type="checkbox"/> Ineffective | <input type="checkbox"/> not tolerated |
| <input type="checkbox"/> Flexeril | <input type="checkbox"/> Effective | <input type="checkbox"/> Ineffective | <input type="checkbox"/> not tolerated |
| <input type="checkbox"/> Robaxin | <input type="checkbox"/> Effective | <input type="checkbox"/> Ineffective | <input type="checkbox"/> not tolerated |
| <input type="checkbox"/> Norflex | <input type="checkbox"/> Effective | <input type="checkbox"/> Ineffective | <input type="checkbox"/> not tolerated |
| <input type="checkbox"/> Skelaxin | <input type="checkbox"/> Effective | <input type="checkbox"/> Ineffective | <input type="checkbox"/> not tolerated |
| <input type="checkbox"/> Parafon Forte | <input type="checkbox"/> Effective | <input type="checkbox"/> Ineffective | <input type="checkbox"/> not tolerated |
| <input type="checkbox"/> Zanaflex | <input type="checkbox"/> Effective | <input type="checkbox"/> Ineffective | <input type="checkbox"/> not tolerated |
| <input type="checkbox"/> Baclofen | <input type="checkbox"/> Effective | <input type="checkbox"/> Ineffective | <input type="checkbox"/> not tolerated |
| <input type="checkbox"/> Other: | | | |

Medications History for Headaches (previous or current) – if applicable

| | | | | |
|---|------------------------------------|--------------------------------------|--|-------|
| <input type="checkbox"/> Fiorinal | <input type="checkbox"/> Effective | <input type="checkbox"/> Ineffective | <input type="checkbox"/> not tolerated | |
| <input type="checkbox"/> Fioricet | <input type="checkbox"/> Effective | <input type="checkbox"/> Ineffective | <input type="checkbox"/> not tolerated | |
| <input type="checkbox"/> Norgesic | <input type="checkbox"/> Effective | <input type="checkbox"/> Ineffective | <input type="checkbox"/> not tolerated | |
| <input type="checkbox"/> Midrin | <input type="checkbox"/> Effective | <input type="checkbox"/> Ineffective | <input type="checkbox"/> not tolerated | |
| <input type="checkbox"/> Imitrex | <input type="checkbox"/> Effective | <input type="checkbox"/> Ineffective | <input type="checkbox"/> not tolerated | |
| <input type="checkbox"/> Frova | <input type="checkbox"/> Effective | <input type="checkbox"/> Ineffective | <input type="checkbox"/> not tolerated | |
| <input type="checkbox"/> Migranal | <input type="checkbox"/> Effective | <input type="checkbox"/> Ineffective | <input type="checkbox"/> not tolerated | |
| <input type="checkbox"/> Neurontin (gabapentin) | <input type="checkbox"/> Effective | <input type="checkbox"/> Ineffective | <input type="checkbox"/> not tolerated | dose: |
| <input type="checkbox"/> Lyrica (pregabalin) | <input type="checkbox"/> Effective | <input type="checkbox"/> Ineffective | <input type="checkbox"/> not tolerated | dose: |
| <input type="checkbox"/> Topamax (topiramate) | <input type="checkbox"/> Effective | <input type="checkbox"/> Ineffective | <input type="checkbox"/> not tolerated | dose: |
| <input type="checkbox"/> Excedrin Migraine (over-the-counter) | <input type="checkbox"/> Effective | <input type="checkbox"/> Ineffective | <input type="checkbox"/> not tolerated | |
| <input type="checkbox"/> Other: | | | | |

Medications History for Fibromyalgia (previous or current) – if applicable

| | | | | |
|---|------------------------------------|--------------------------------------|--|-------|
| <input type="checkbox"/> Neurontin (gabapentin) | <input type="checkbox"/> Effective | <input type="checkbox"/> Ineffective | <input type="checkbox"/> not tolerated | dose: |
| <input type="checkbox"/> Lyrica (pregabalin) | <input type="checkbox"/> Effective | <input type="checkbox"/> Ineffective | <input type="checkbox"/> not tolerated | dose: |
| <input type="checkbox"/> Cymbalta (duloxetine) | <input type="checkbox"/> Effective | <input type="checkbox"/> Ineffective | <input type="checkbox"/> not tolerated | dose: |
| <input type="checkbox"/> Savella (milnacipran) | <input type="checkbox"/> Effective | <input type="checkbox"/> Ineffective | <input type="checkbox"/> not tolerated | dose: |
| <input type="checkbox"/> Other: | | | | |

OFFICE USE ONLY

☐ ABOVE INFORMATION REVIEWED AND RECONCILED WITH MEDICAL RECORD

Date: _____

Signature