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Board Certified Pain Management Specialist



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Board Certified Pain Management Specialist and PM&R

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_

1. Where is your pain located? \_\_\_\_\_

2. Describe your pain (example: dull, sharp, burning, etc.): \_\_\_\_\_

3. Was your pain caused by an injury? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, how did you hurt yourself? \_\_\_\_\_

4. Were you at work when the injury occurred? YES \_\_\_\_\_ NO \_\_\_\_\_

5. Are you currently unable to work due to the pain? YES \_\_\_\_\_ NO \_\_\_\_\_

6. What is the legal status of your claim? (Please check one)

Retained attorney \_\_\_\_\_

Currently in litigation \_\_\_\_\_

Claim settled \_\_\_\_\_

N/A \_\_\_\_\_

7. What treatments have you had for your pain? (Check all that apply)

Medications \_\_\_\_\_ Please list \_\_\_\_\_

Physical Therapy \_\_\_\_\_ When? \_\_\_\_\_

Nerve Block \_\_\_\_\_ When? \_\_\_\_\_ Performed Where: \_\_\_\_\_

Surgery \_\_\_\_\_ When? \_\_\_\_\_ Name of Surgeon: \_\_\_\_\_

Other \_\_\_\_\_

8. Do you have any of the following conditions?

Any Contagious Diseases YES \_\_\_\_\_ NO \_\_\_\_\_

Bleeding Problems YES \_\_\_\_\_ NO \_\_\_\_\_

Diabetes YES \_\_\_\_\_ NO \_\_\_\_\_

High Blood Pressure YES \_\_\_\_\_ NO \_\_\_\_\_

Kidney Disease YES \_\_\_\_\_ NO \_\_\_\_\_

Liver Diseases YES \_\_\_\_\_ NO \_\_\_\_\_

Thyroid Problems YES \_\_\_\_\_ NO \_\_\_\_\_

Other (please specify) \_\_\_\_\_

9. List all previous surgeries: \_\_\_\_\_

10. List any allergies to medications: \_\_\_\_\_

11. List all CURRENT medications:

Medication

How Often

\_\_\_\_\_

\_\_\_\_\_

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