

Shirley Ryan



## Pain Management Center

### Personal Health History

Please complete all of the following information as completely as possible. This information is ~~confidential~~ <sup>intended for</sup>



What is the current pattern to your pain?

Constant  
Recurrent  
At rest

or  
or  
or

Intermittent?  
Chronic?  
During exertion?

The pain effects your ability to:

Walk

Perform household functions

REVIEW OF SYSTEMS:

Constitutional

Fever

Chills

Sweats

Fatigue

Recent weight gain

Recent weight loss

Please List all prior surgeries:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

SOCIAL HISTORY:

Which of the following best describes your highest level of education:

Less than high school      High school diploma or GED      Community/junior college or vocational training  
Bachelor's degree      Advanced degree (master or doctorate)

OCCUPATIONAL HISTORY

Are you currently	Employed Fulltime	Employed Parttime	Not working
	Unemployed	Disabled	On Disability
	Retired	Student	Other: _____

When did you last work? \_\_\_\_\_

What type of work do you did you do? \_\_\_\_\_

Are you currently receiving worker's compensation benefits?

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## Pain Disability Index

Pain Disability Index: The rating scales below are designed to measure the degree to