Hawai'i Pain Center

2226 Liliha Street, Suite 407, Honolulu, HI 96817
☎ 808-445-9172   🖷 808-445-9182

Patient:______________________________ Date-of-Birth________________

Past Medical History – check all that apply

Head
- ☐ Trauma

Eyes
- ☐ Blindness
- ☐ Cataracts
- ☐ Glaucoma
- ☐ Wear glasses/contacts

Ears
- ☐ Hearing aids

Nose/Sinuses
- ☐ Allergic rhinitis
- ☐ Sinus infections

Mouth/Throat/Teeth
- ☐ Dentures

Cardiovascular
- ☐ Aneurysm
- ☐ Angina [chest pain]
- ☐ Deep venous thrombosis (DVT)
- ☐ Dysrhythmia
- ☐ Hypertension (HTN)
- ☐ Murmur
- ☐ Myocardial infarction (heart attack)
- ☐ Other heart disease

Respiratory
- ☐ Asthma
- ☐ Bronchitis
- ☐ COPD – Bronchitis/Emphysema
- ☐ Pleuritis
- ☐ Pneumonia

Gastrointestinal
- ☐ Cirrhosis
- ☐ GERD
- ☐ Gallbladder disease
- ☐ Heartburn
- ☐ Hemorrhoids
- ☐ Hepatitis
- ☐ Hiatal Hernia
- ☐ Jaundice
- ☐ Ulcer

Genitourinary
- ☐ Hernia
- ☐ Incontinence
- ☐ Nephrolithiasis
- ☐ Other kidney disease
- ☐ Sexually transmitted disease (STD)
- ☐ Urinary tract infection (UTI)

Musculoskeletal
- ☐ Arthritis
- ☐ Gout
- ☐ Musculoskeletal injury

Skin
- ☐ Dermatitis
- ☐ Mole(s)
- ☐ Other skin condition(s)
- ☐ Psoriasis

Neurological
- ☐ Epilepsy
- ☐ Seizures
- ☐ Severe headaches, migraines
- ☐ Stroke
- ☐ TIA

Psychiatric
- ☐Bipolar disorder
- ☐ Depression
- ☐ Hallucinations, delusions
- ☐ Suicidal ideation
- ☐ Suicide attempts

Endocrine
- ☐ Goiter
- ☐ Hyperlipidemia
- ☐ Hypothyroidism
- ☐ Thyroid disease
- ☐ Thyroiditis
- ☐ Diabetes, type 1
- ☐ Diabetes, type 2

Heme/Onc
- ☐ Anemia
- ☐ Cancer

Infectious
- ☐ HIV
- ☐ STDs (sexually transmitted disease)
- ☐ Tuberculosis (disease)
- ☐ Tuberculosis (exposure)

Other Not Listed:
- ☐________________________
- ☐________________________
- ☐________________________
- ☐________________________

Past Surgical History – check all that apply

- ☐ Aneurysm repair
- ☐ Appendectomy
- ☐ Back Surgery
- ☐ Bariatric surgery/gastric bypass
- ☐ Bilateral tubal ligation
- ☐ Breast resection or mastectomy
- ☐ Coronary artery bypass graft (CABG)
- ☐ Carotid endarterectomy or stent
- ☐ Carpal tunnel release surgery
- ☐ Cataract/lens surgery
- ☐ Cesarean section
- ☐ Cholecystectomy/bile duct surgery
- ☐ Dilatation & curettage (D&C)
- ☐ Hemorrhoid surgery
- ☐ Hip arthroplasty
- ☐ Hip replacement
- ☐ Hysterectomy
- ☐ Inguinal hernia repair
- ☐ Knee arthroplasty (replacement)
- ☐ LASIK
- ☐ Laminectomy
- ☐ Nasal surgery
- ☐ PTCA/PCI
- ☐ Pacemaker/defibrillator
- ☐ Prostate surgery
- ☐ Prostatectomy
- ☐ Rotator cuff surgery
- ☐ Sinus surgery
- ☐ Skin cancer excision
- ☐ Spinal fusion
- ☐ TAH-BSO, total abdominal hysterectomy bilateral salpingo oophorectomy
- ☐ TURP – transurethral resection of the prostate
- ☐ Tonsillectomy or adenoidectomy
- ☐ Vasectomy

Other Not Listed:
- ☐ ________________________
- ☐ ________________________

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Family History

□ Family history unknown

Mother: □ Alive □ Deceased □ Unknown

□ No Health Problem □ Arthritis □ Asthma □ Bleeding disorder □ Coronary artery disease (< age 55) □ COPD □ Diabetes	□ Heart Attack □ Heart Disease □ High cholesterol □ Hypertension □ Mental illness □ Osteoporosis □ Stroke	□ Breast cancer □ Colon cancer □ Other cancer:___________________ □ Ovarian cancer □ Uterine cancer

Father: □ Alive □ Deceased □ Unknown

□ No Health Problem □ Arthritis □ Asthma □ Bleeding disorder □ Coronary artery disease (< age 55) □ COPD □ Diabetes	□ Heart Attack □ Heart Disease □ High cholesterol □ Hypertension □ Mental illness □ Osteoporosis □ Stroke	□ Breast cancer □ Colon cancer □ Other cancer:___________________ □ Prostate cancer

Social History – check all that apply

Tobacco	**Alcohol**	**Other**
□ Current every day smoker □ Current some day smoker □ Former smoker □ Heavy tobacco smoker □ Light tobacco smoker □ Never smoker	□ Do not drink □ Drink daily □ Frequently drink □ History of alcoholism □ Occasional drink **Drug Abuse** □ Intravenous drug use □ Illicit drug use □ No illict drug use	□ Cannabis/Marijuana user □ Cigar smoker □ Chew tobacco □ Electronic Cigarette/Vapor user

Review of Systems – check all that apply

Constitutional	□ fever □ night sweats □ chills □ cold intolerance □ fatigue □ daytime sleepiness □ weight gain □ weight loss □ increased thirst □ increased hunger/over eating □ anorexia
Eyes	□ change in vision □ loss of vision □ blurred vision □ double vision □ eye redness □ eye pain □ tearing □ pus discharge
Ears	□ difficulty hearing □ hearing loss □ ear pain/ear ache □ ear drainage □ tinnitus
Nose	□ nasal congestion □ nasal discharge □ nose bleeding □ sneezing □ snoring
Mouth/Throat/Voice	□ lip sores □ mouth sores □ tongue sores □ sore throat □ difficulty swallowing □ painful swallowing □ gum bleeding □ dental problems □ hoarse voice □ change in voice quality
Neck	□ neck pain □ neck stiffness □ neck lumps □ neck swelling
Respiratory	□ difficulty or labored breathing □ cough □ cough productive of sputum □ coughing up blood □ wheezing
Cardiovascular	□ chest pain □ rapid heart rate □ shortness of breath at rest □ shortness of breath with activity □ shortness of breath when lying flat □ shortness of breath at night □ leg/feet swelling □ varicose veins
Breast	□ breast lump (past or present) □ breast pain □ nipple discharge

Review of Systems, cont. – check all that apply

Gastrointestinal	□ abdominal pain □ rectal pain □ nausea □ vomiting □ vomiting blood □ decreased frequency of bowel movements □ constipation □ increased frequency of bowel movements □ diarrhea □ fecal incontinence □ clay-colored stools □ greasy stools □ tarry stools □ blood in stool
Urinary	□ painful or difficult urination □ blood in urine □ difficulty beginning the flow of urine □ difficulty maintaining urine stream □ urine dribbling □ increased need to urinate □ decreased need to urinate □ large urine output □ low urine output □ increased nighttime urination □ frequent need to urinate despite low output □ urinary incontinence □ urinary incontinence with cough
Genital/Reproductive	□ change in libido □ problems with sexual function □ difficult or painful sexual intercourse □ difficulty achieving erection □ difficulty maintaining erection □ difficulty/inability reaching orgasm □ currently having menstrual cycles □ abnormally heavy bleeding during menstruation □ bleeding between menstrual periods □ excess pain with menses □ irregular menses □ postmenopausal □ postmenopausal vaginal bleeding □ hot flashes
Dermatologic / Integumentary	□ change in hair texture □ change in skin texture □ change in nail appearance □ dry hair □ brittle hair □ hair loss □ dry skin □ itching □ hives □ rash □ bruising □ new moles □ skin sores □ skin lumps
Musculoskeletal	□ muscle pain □ back pain □ tender points □ muscle cramps □ muscle weakness □ decreased muscle strength □ limb paralysis □ difficulty walking □ limp
Neurological	□ headaches □ vertigo □ lightheadedness □ fainting □ blackouts □ numbness □ tingling □ tremor □ lack of coordination □ weakness □ difficulty speaking □ memory loss □ difficulty concentrating
Psychiatric	□ change in mood □ depression □ sadness interfering with function □ anxiety □ nervousness □ sleep disturbance □ suicidal ideation □ hopelessness □ worthlessness □ delusions □ hallucinations
Hematologic/Lymphatic	□ easy bruising □ difficulty stopping blood flow □ lymph node enlargement □ lymph node tenderness

Current Medications □ No medications

Name of Medication	Dose	Frequency

Allergies □ No allergies

Allergy	Reaction	Severity (mild/moderate/severe)

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Pain Medication History – check all that apply

	Improvement	***Side Effects/Type?***
Tylenol, acetaminophen	□ Yes □ no	
Ibuprofen, motrin, advil	□ Yes □ no	
Naproxen, aleve	□ Yes □ no	
Nabumetone	□ Yes □ no	
Meloxicam, Mobic	□ Yes □ no	
Piroxicam, feldene	□ Yes □ no	
Sulindac	□ Yes □ no	
Voltaren, diclofenac	□ Yes □ no	
Daypro	□ Yes □ no	
Celebrex, celecoxib	□ Yes □ no	
Flexeril, cyclobenzaprine	□ Yes □ no	
Robaxin, methocarbamol	□ Yes □ no	
Baclofen	□ Yes □ no	
Zanaflex, tizanidine	□ Yes □ no	
Skelaxin, metaxalone	□ Yes □ no	
Norflex, orphenadrine	□ Yes □ no	
SOMA, carisoprodol	□ Yes □ no	
Neurontin, gabapentin	□ Yes □ no	
Lyrica, pregabalin	□ Yes □ no	
Topamax, topiramate	□ Yes □ no	
Elavil, amitriptyline	□ Yes □ no	
Pamelor, nortripyline	□ Yes □ no	
Cymbalta, duloxetine	□ Yes □ no	
Savella	□ Yes □ no	
Salonpas patches	□ Yes □ no	
Thermacare patches	□ Yes □ no	
Capsaicin cream	□ Yes □ no	
Voltaren gel	□ Yes □ no	
Lidocaine cream	□ Yes □ no	
Flector, diclofenac patch	□ Yes □ no	
Lidoderm, lidocaine patches	□ Yes □ no	
Ultram, tramadol	□ Yes □ no	
Codeine	□ Yes □ no	
Hydrocodone (Vicodin, Norco, Zohydro, Hysingla)	□ Yes □ no	
Oxycodone (Percocet, Roxicet, Oxycontin)	□ Yes □ no	
Nucynta, tapentadol	□ Yes □ no	
Dilaudid, hydromorphone	□ Yes □ no	
Morphine	□ Yes □ no	
Oxymorphone (opana)	□ Yes □ no	
Buprenorphine (butrans, suboxone, subutex)	□ Yes □ no	
Fentanyl, duragesic patch	□ Yes □ no	
Methadone	□ Yes □ no	