Interventional Spine Care

New Patient Introduction

You have been referred to **Dr. Hamburger/Dr. Olson.** Our focus is the evaluation and management of low back pain, and other disorders of the spine. Our goal is to help you improve your level of function, assist with the management of your symptoms and hopefully reduce your level of pain.

In order to develop an effective treatment plan, we need to obtain very detailed information about you and your health. Please take the time to complete the following questionnaire in its entirety, as this will assist us in your evaluation. Should any aspect of the questionnaire remain empty, we will ask that you complete the questionnaire prior to being seen by the physician – which may lead to a delay in your visit. If you have any trouble filling out the form, please advise our staff so that we may assist you.

Center Policies:

1. Please call us at least 48 hours in advance if you are unable to keep your scheduled appointments. We do NOT currently charge for missed appointments.
2. Patients who miss scheduled appointments without adequate prior notification may be dismissed from the practice at the discretion of the physician.
3. Please make every effort to arrive on time for appointments. Late-arriving patients may have to be re-scheduled.
4. On your first visit please bring along a COMPLETE list of your medications so that we may correctly keep track of them.
5. On your first visit please bring along Hard Copies (either Films or CDs) of your recent (preferably last 2 years) MRIs, CT scans, X-rays as it relates to your pain condition.

Chronic Pain:

1. Please understand chronic pain is different from acute pain. There is rarely "immediate" relief from chronic pain. It may require several treatments/visits to begin to determine the correct underlying diagnosis, as well as address the chronic pain and its related issues.
2. Dr. Hamburger and Dr. Olson employ a non-narcotic approach to chronic pain, and as consultants we do not take over the prescription of chronic pain medication, but will make recommendations to the referring physician.

Outpatient Clinic:

- As this is an outpatient clinic, we do not provide emergency care. Any medical emergencies need to be addressed through an Emergency Room (E.R.) visit.

Thank you,

Adrian Hamburger, M.D. & Timothy Olson, M.D., PhD.

Interventional Spine Care

New Patient History and Intake Form

Date: _____ Name: _____
Date of Birth: _____ Sex (M/F): ___

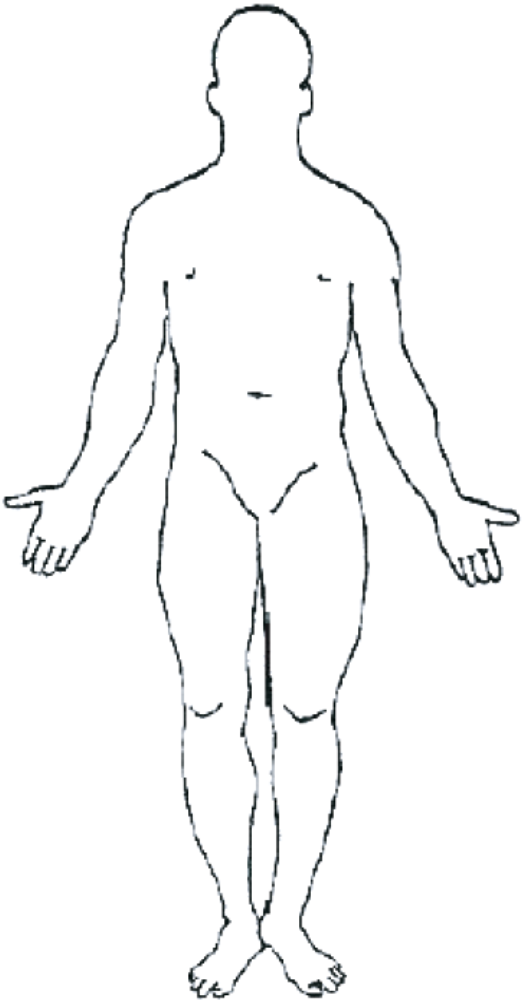
1) Who referred you?

Primary Care: _____

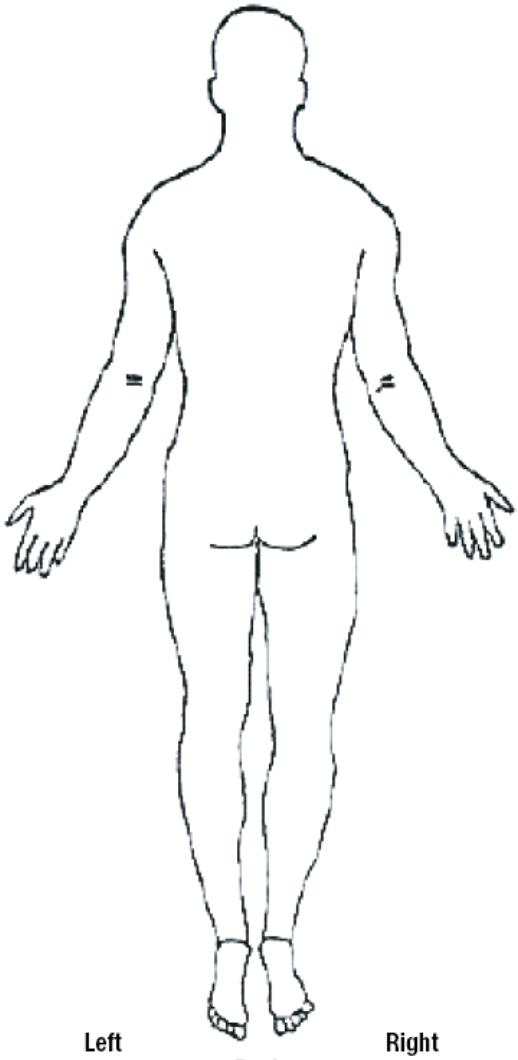
Referring Specialist: _____

Where is your pain now?
Mark the areas on your body where you feel the sensations described below, using the appropriate symbol. Mark the areas of radiation. Include all affected areas. To complete the picture, please draw in your face.

Aching	Numbness	Pins & Needles	Burning	Stabbing
^ ^ ^	= = =	0 0 0	X X X	/ / /



Right Left
Front



Left Right
Back

3. How did the pain start?

☐ Suddenly ☐ Pulling
☐ Gradually ☐ Injured at work
☐ Lifting ☐ Injured in auto accident
☐ Twisting ☐ Hit from behind
☐ Fall ☐ Injured during sports
☐ Bending ☐ No apparent cause

4. What activities make the pain worse?

☐ Exercise (during) ☐ Bending forward
☐ Exercise (after) ☐ Bending backward
☐ Sitting ☐ Coughing
☐ Standing ☐ Sneezing
☐ Walking ☐ Twisting

5. What reduces the pain?

☐ Lying down ☐ Physical Therapy
☐ Sitting ☐ Injections
☐ Standing ☐ Muscle Relaxant Pills
☐ Walking ☐ Anti-inflammatory Pills
☐ Chiropractic ☐ Cognitive Therapy
☐ TENS unit ☐ Other: _____

6. Have you had any of these?

	Yes	No
Diagnostic X-rays	☐	☐
CT scan	☐	☐
Myelogram	☐	☐
EMG	☐	☐
Discogram	☐	☐
MRI	☐	☐
Injections	☐	☐

7. Have you had any of these symptoms?

☐ numbness (where: _____)
☐ weakness (where: _____)
☐ loss of bladder control
☐ loss of bowel control

Rate your pain by circling the number that describes your pain at its **WORST** (0=No Pain)

Rate your pain by circling the number that describes your pain at its **LEAST** (0=No Pain)

Rate your pain by circling the number that describes your pain on the **AVERAGE**

1 - Easy to ignore, 2 - Tolerable, 3 - Distracting
4 - Distressing and Interferes with activities
5 - Very Distressing/prevents some activities
6 - Very Distressing/Trouble with simple activities
7 - Need Help from others for simple activities
8 - Pain prevents movement, 9 - Screaming/Agony
10 - Passing out due to pain

12. **Allergies**:

☐ Contrast dye (or Iodine)
☐ Antibiotic(s): _____
Other: _____
_____

13. **Medications**:

Please list your **current** Pain Medications:
_____
_____
_____

Please list your **current** Regular Medications:
_____
_____
_____
_____
_____

☐ Plavix ☐ Coumadin ☐ Ticlid
☐ Any other blood-thinner

If female: pregnant/breast-feeding? ☐ Yes ☐ No

8. Have you ever been hospitalized or seen in the ER for this pain?

☐ No ☐ Yes - Number of times ____ Most recent visit (Date) _____

9. Have you had surgery for this problem?

☐ No ☐ Yes - What kind of surgery (ie: fusion, discectomy):_____

Major Illness or Medical Problems:

☐ Diabetes ☐ High Blood Pressure ☐ Heart Disease ☐ Asthma
☐ Emphysema ☐ Hepatitis ☐ High Cholesterol ☐ Glaucoma
☐ Heart Attack (When: _____) ☐ Seizures
Other Medical Problems:_____

Past Surgeries (please include dates):

Family History (please list any major health problems)
Mother's age: ___ (☐ deceased) _____
Father's age: ____ (☐ deceased) _____
Siblings: _____
Children: _____

Social History:
☐ Single ☐ Married ☐ Separated/Divorced ☐ Widowed
Name of Employer: _____ ☐ Retired ☐ Unemployed ☐ Disability
If you had an injury, was it work related? ☐ Yes ☐ No
Disability: ☐ Yes ☐ No Since: _____ (please indicate Year of disability)
Litigation: Are you currently involved or planning on initiating a legal case? ☐ Yes ☐ No
Tobacco:
☐ Yes-Currently ☐ Yes-in the past ☐ No-never
How many packs/day? _____ How many years did you smoke for? _____
When did you quit? _____
Alcohol:
☐ Yes ☐ No If yes, how many drinks/day? _____
Illicit Drug Abuse:
☐ Marijuana ☐ Heroin ☐ Cocaine ☐ Amphetamines ☐ None
Have you ever had a problem w/ prescription medications (ie: misuse, abuse, addiction)?
☐ Yes ☐ No Which drugs? _____
History of Alcohol Abuse: ☐ Yes ☐ No
History of Substance Abuse: ☐ Yes ☐ No

Review of Symptoms (please check the box if you have had any of these symptoms recently):

Constitutional:
☐ Fatigue ☐ Unexpected Weight loss ☐ Unexpected Weight gain
☐ Fever ☐ Chills

Pulmonary/Respiratory:
☐ Shortness of breath ☐ Cough ☐ Blood ☐ Wheezing

Cardiac/Heart:
☐ Chest Pain ☐ Palpitations ☐ Arrhythmia
☐ Leg swelling ☐ Valve disease

Gastro-intestinal:
☐ Loss of appetite ☐ Difficulty Swallowing ☐ Nausea ☐ Constipation
☐ Hemorrhoids ☐ Blood in stool ☐ Ulcers ☐ Diarrhea

Genito-Urinary:
☐ Frequent urination ☐ Difficulty urinating ☐ Painful intercourse ☐ Menstrual problems
☐ Pain during urination ☐ Kidney Stones ☐ Blood in urine ☐ Prostate problems

Hematologic
☐ Tender lymph nodes ☐ Anemia ☐ Bleeding gums ☐ Bleeding disorder

Musculoskeletal:
☐ Joint Pain ☐ Muscle Cramps ☐ Fractures ☐ Difficulty walking (requiring cane/walker)

Skin:
☐ Dry Skin ☐ Itching ☐ Rash ☐ Jaundice

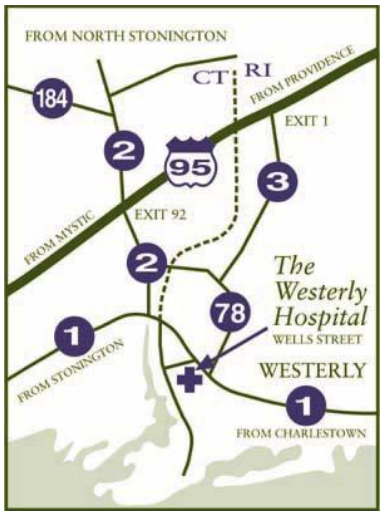
Neurological:
☐ Headaches ☐ Seizures ☐ Paralysis ☐ Dizziness ☐ Vertigo

Psychological/Psychiatric:
☐ Depression ☐ Anxiety ☐ Sleep disorder ☐ Suicide attempts
☐ Suicidal thoughts ☐ Mood swings ☐ Confusion ☐ Memory Loss

Endocrine:
☐ Goiter ☐ Diabetes ☐ Hair loss ☐ Poor Tolerance of Heat or Cold

Location and Directions

Westerly Office is located on the 2nd floor of the Morgan Building.
45 Wells Street – Suite 201
Westerly, RI 02891
Tel (401) 348-3865
Fax (401) 596-6368



From Rhode Island
Take I-95 South to exit 1. Bear right onto Route 3and follow to Route 78. Take 78 East to Route 1 and turn right. Follow to the third traffic light; turn left onto Wells Street.

From Connecticut
Take I-95 North to exit 92. Bear right onto Route 2. Follow to Route 78 East. Take 78 East to Route 1 and turn right. Follow to the third traffic light; turn left onto Wells Street.

Wakefield Office is located in the South County Internal Medicine/XRA building:
481 Kingstown Road
Wakefield, RI 02879
Tel (401) 348-3865
Fax (401) 348-3641