



CAROLINA  
MUSCULOSKELETAL  
INSTITUTE

## New Patient Intake Form

### Information

Today's date: \_\_\_\_\_

Your name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Referring physician: \_\_\_\_\_

Preferred pharmacy: \_\_\_\_\_

### Pain History

What is the reason for your visit today? \_\_\_\_\_

When did the pain begin? \_\_\_\_\_

What caused your current pain episode? \_\_\_\_\_

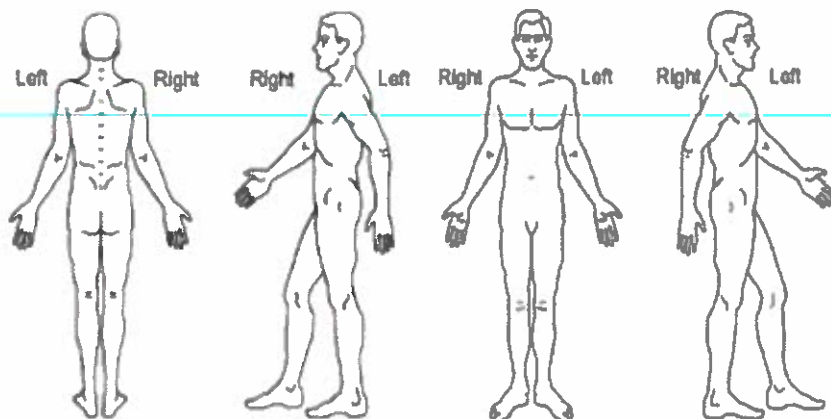
What factors worsen your pain? \_\_\_\_\_

What factors improve your pain? \_\_\_\_\_

Describe the character of your pain (dull, burning, throbbing, etc.). \_\_\_\_\_

If '0' is no pain and '10' is the worst pain you can imagine, how would you rate your pain?

Right now \_\_\_\_\_ The worst it gets \_\_\_\_\_



Use this diagram to mark the location(s) of your pain.

**Prior Treatment:**

Please circle any of the following treatments you have attempted for pain relief:  
spine surgery    chiropractor    physical therapy    brace support

Have you attempted physical therapy? Y/N    Date: \_\_\_\_\_

Have you attempted chiropractic care? Y/N    Date: \_\_\_\_\_

Please list any medications that you have tried:

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**Past Medical History**

Please list any medical conditions you are being treated for:

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Please list any surgical procedures you have had:

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Are you currently taking any blood thinners or anticoagulants (eliquis, plavix, xarelto, Coumadin/warfarin)? Yes No If yes, which one? \_\_\_\_\_

**Social History**

Occupation: \_\_\_\_\_ When was the last time you worked? \_\_\_\_\_

Temporary disability     Permanent disability     Retired     Unemployed

Alcohol Use:  Never     Occasional     Daily     History of alcoholism     Current alcoholism

Tobacco use:  Never     Former     Current

**Please circle any of the following symptoms which you currently are experiencing:**

Constitutional:  Fevers     Chills     Weight gain     Weight loss     Exercise intolerance

Eye:  Blurred vision     Double vision     Pain

Ears/Nose/Throat/Neck:  Hearing loss,     Sinus problems     Frequent nose bleeds

Respiratory:  Cough     Shortness of breath     Wheezing

Cardiovascular:  Chest pain     Palpitations

Gastrointestinal:  Vomiting     Constipation     Abdominal pain

Musculoskeletal:  Back pain     Neck pain     Joint pain     Muscle pain

Neurological:  Dizziness     Headaches     Weakness     Loss of consciousness

Psychiatric:  Depression     Sleep disturbances     Alcohol abuse     Suicidal thoughts