Norwood Comprehensive Pain Management

1. Have there been any changes to any medications since your last visit? YES____NO____
2. Have there been any changes in your health since your last visit? YES____NO____
3. Have you had any type of testing related to what you are being treated for here, since your last visit? Example: MRI, X-ray, CT Scan, EMG, etc. YES____NO____

   If so, where?_____
4. Are you being seen for a workman's comp related issue? YES____NO____

Please rate your average daily pain by circling the one number that best describes your pain.

(0 being no pain and 10 being the worst pain imaginable)

0 1 2 3 4 5 6 7 8 9 10

Circle the number that best describes how pains interferes with your daily functioning

General Activity

0 1 2 3 4 5 6 7 8 9 10

Normal Work (outside the home and housework)

0 1 2 3 4 5 6 7 8 9 10

Sleep

0 1 2 3 4 5 6 7 8 9 10

Mood

0 1 2 3 4 5 6 7 8 9 10

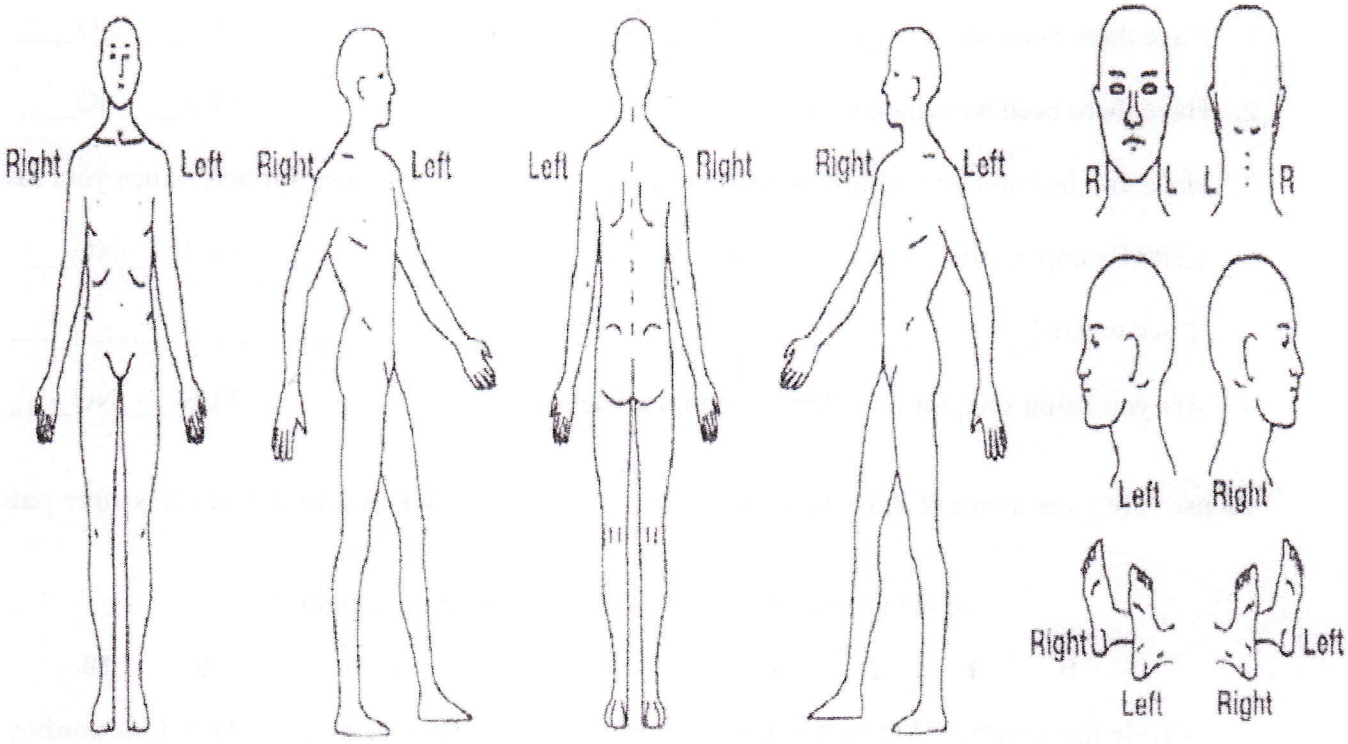
Relationships with Other People

0 1 2 3 4 5 6 7 8 9 10

Walking Ability

0 1 2 3 4 5 6 7 8 9 10

Is the amount of pain relief you are now receiving from current pain medication(s) and treatments enough to make a difference in your life? YES____NO____SOMEWHAT_____



Patient Signature:_____ Date:_____

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INSURANCE AUTHORIZATION

I hereby authorize my healthcare provider to affix my name to **ALL INSURANCE COMPANIES**, including **WORKMANS COMPENSATION INSURANCE**, documents and/or information requested by my insurance company(s) relating to any and all health benefits due to me and my dependents.

I also authorize payment of healthcare benefits and **WORKMANS COMPENSATION INSURANCE** otherwise payable to me directly to my doctor as listed above. **I understand that I will be held responsible for all charges and services not paid by my insurance company.**

CONSENT TO TREAT

I hereby authorize my healthcare provider to perform all necessary testing, treatments or procedures as indicated for the treatment of my condition and to release any and all medical information as required.

_____ _____

Signature of patient Date