24619 Washington Ave
Suite 206
Murrieta, CA 92562

Access Acupuncture, Inc.

NEW PATIENT PAIN FORM

Phone (951) 698 - 0102
Fax (951) 698 - 0163

Name_____Date_____DOB_____Work Injury Y/N

Address_____City_____ZIP_____

Phone_____Email_____

Employer/Occupation/Work Status _____

Subscriber Name_____ ID# _____ Group #_____

Member #_____ Primary Insurance_____

Primary Care Physician_____ Phone_____

Referred by_____ Phone_____

Where is your pain _____

When did it start _____

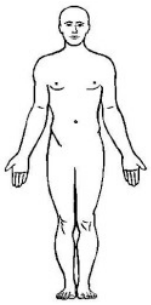
How did it start _____

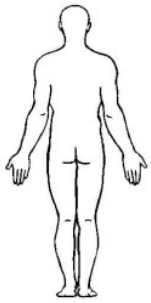
Describe the pain (sharp, dull, burning, aching)_____

Does the pain radiate, if so where _____

How often are your symptoms present **100%** **75%** **50%** **25%**

Do you have numbness or weakness, if so where _____





Level of pain ***Now & Lowest*** none 1 2 3 4 5 6 7 8 9 10 (circle two)

Level of pain at its ***Highest & Average*** none 1 2 3 4 5 6 7 8 9 10 (circle two)

Interference with ***Daily Activities*** none 1 2 3 4 5 6 7 8 9 10

What makes the pain worse _____

What makes the pain better _____

How many minutes can you:

Sit_____ Stand_____ Walk_____ Drive_____ Work_____

Do you wake up at night due to pain, if so how many times _____

Anxiety or Emotional symptoms due to pain _____

What tests have you undergone (X-Ray, MRI, Nerve Conduction, etc.)_____

_____

Test results_____

Who else have you seen for this condition (Chiropractor, Physical Therapy, Pain Management, etc) ____

_____

Did it help and how_____

_____

List all medications including dosages and frequency_____

_____

Surgeries or Hospitalizations_____

_____

Anything else we should know_____

_____

Please check all of the following that apply to you:

__Alcohol/Drug Dependence
__Abnormal Menstruation
__Allergies
__Angina
__Arthritis
__Artificial Joints
__Asthma
__Blood Disorder
__Breast Lumps
__Cancer/Tumor
__Convulsions
__Diabetes
__Diarrhea/Constipation
__Dizziness
__Fainting
__Fatigue
__Fever
__Frequent Urination
__Headache
__Heart Attack
__Heartburn
__High Blood Pressure
__Kidney Disease
__Liver Problems
__Osteoporosis
__Pacemaker
__Palpitation/Arrhythmia
__Peptic Ulcer
__Pregnant, # weeks____
__Prostate Problems
__Weight Gain/Loss
__Sinusitis
__Stroke
__Tobacco type _____/Day
__Thyroid Disease
__Other_____

_____

Family member's conditions

__Cancer_____
__Heart Disease_____
__Hypertension_____
__Lupus_____
__Other_____

__Other_____

__Other_____

I certify that the above information is complete and accurate to the best of my knowledge. If the health plan information is not accurate, or if I am not eligible to receive a health care benefit through this provider, I understand that I am liable for all charges for services. I agree to notify this provider immediately whenever I have changes in my health condition or health plan coverage. I understand that my provider of acupuncture services may need to contact my Primary Care Physician or treating physician if my condition needs to be co-managed. Therefore, I give authorization to my provider of acupuncture services to contact my MD, DO, ND, DC if necessary.

Patient Signature_____Date_____

Mankoski Pain Scale

0	Pain Free	No medication needed.
1	Very minor annoyance - occasional minor twinges.	No medication needed.
2	Minor annoyance - occasional strong twinges.	No medication needed.
3	Annoying enough to be distracting.	Mild painkillers are effective. (Aspirin, Ibuprofen.)
4	Can be ignored if you are really involved in your work, but still distracting.	Mild painkillers relieve pain for 3-4 hours.
5	Can't be ignored for more than 30 minutes.	Mild painkillers reduce pain for 3-4 hours.
6	Can't be ignored for any length of time, but you can still go to work and participate in social activities.	Stronger painkillers (Codeine, Vicodin) reduce pain for 3-4 hours.
7	Makes it difficult to concentrate, interferes with sleep You can still function with effort.	Stronger painkillers are only partially effective. Strongest painkillers relieve pain (Oxycontin, Morphine)
8	Physical activity severely limited. You can read and converse with effort. Nausea and dizziness set in as factors of pain.	Stronger painkillers are minimally effective. Strongest painkillers reduce pain for 3-4 hours.
9	Unable to speak. Crying out or moaning uncontrollably - near delirium.	Strongest painkillers are only partially effective.
10	Unconscious. Pain makes you pass out.	Strongest painkillers are only partially effective.