

Patient Name:

Date:

KCIH CHRONIC and/or ACUTE Pain and/or Injury Inventory

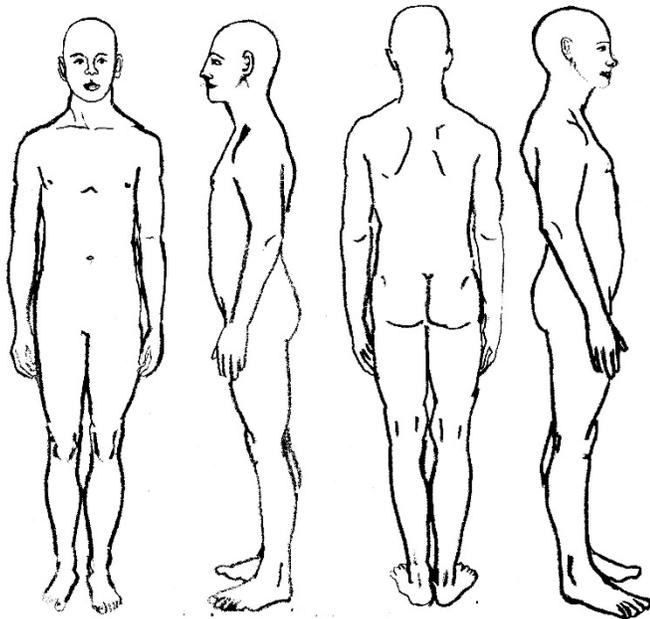
First, I'd like to explain, I worry that studies being done on pain are not catching people's true pain or relief they get from pain medications. I worry that people might report higher scores thinking they need to in order to stay on medications. It's actually the opposite. If you said your pain was a 6 before and now on pain meds you report it's a 7, then researchers would conclude it's not working. It's best to simply rate your pain as it is and reflect on the worst pain you've had and make that a 10. You should not be able to walk into my office with 10/10 pain.

1. What medications, both prescription and over the counter and from the dispensary, do you use for pain relief? List dose if you know. If using cannabis, list the strain if you know.

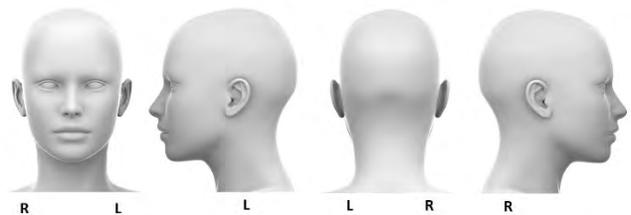
Medication	Dose	How often typically taken?
<input type="checkbox"/> _____	_____	_____
<input type="checkbox"/> _____	_____	_____
<input type="checkbox"/> _____	_____	_____
<input type="checkbox"/> _____	_____	_____
<input type="checkbox"/> _____	_____	_____

2. Check above the ones you have taken in the past 24 hours.
3. Are you experiencing any NEW or ACUTE pain or an injury that we have not discussed previously? If Y continue, if N skip to next page.
 - a. If so when did it start?
 - b. What order did your symptoms appear?
 - c. Have you seen any other providers for this problem?
 - d. Have you had any new imaging?
4. Please mark below and describe quality or use symbol to represent quality of your new or acute pain. JUST TODAY'S, you'll get to draw pain you had previously on next page.

ACUTE PAIN OR INJURY



pain X XXX
 numbness/tingling ::::::::::
 swelling /w/w/w/w
 trigger point @
 shoots or radiates -->
 tension // // // // //

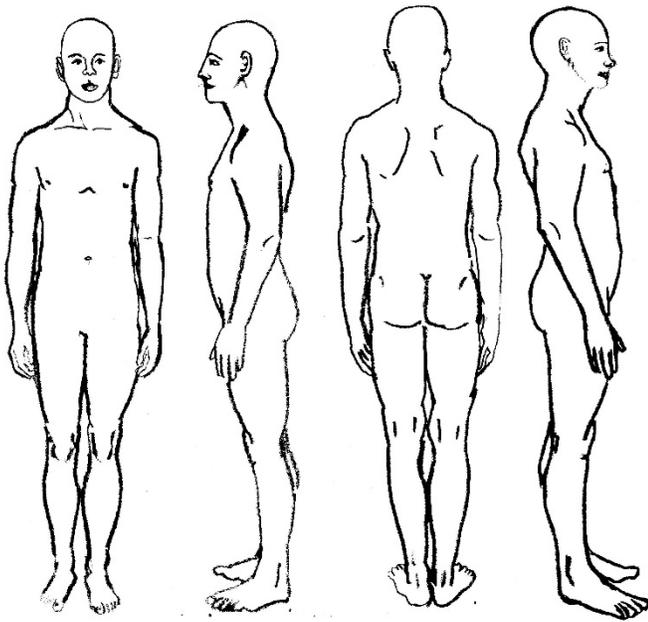


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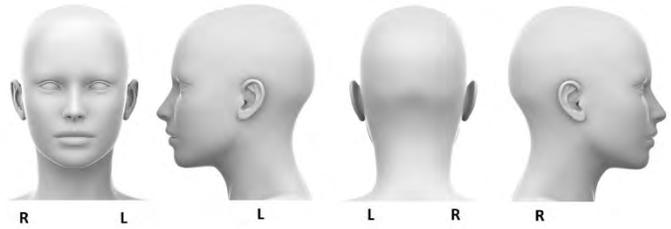
Date:

5. Please note your chronic areas of pain below, or if you have migraines your typical pattern.

CHRONIC PAIN OR INJURY



pain X XXX
 numbness/tingling ::::::::::
 swelling /WWW/
 trigger point @
 shoots or radiates --->
 tension /////



6. Please rate your pain that best describes your pain at its WORST in the last 24 hours.

0 1 2 3 4 5 6 7 8 9 10
 No Pain Pain As Bad As You Can Imagine

7. Please rate your pain that best describes your pain at its LEAST in the past 24 hours.

0 1 2 3 4 5 6 7 8 9 10
 No Pain Pain As Bad As You Can Imagine

8. Please rate your pain that best describes your AVERAGE pain for the last MONTH.

0 1 2 3 4 5 6 7 8 9 10
 No Pain Pain As Bad As You Can Imagine

9. Please rate your pain that you are experiencing RIGHT NOW.

0 1 2 3 4 5 6 7 8 9 10
 No Pain Pain As Bad As You Can Imagine

10. How much has your problem interfered with during the past WEEK?

a. Activity

0 1 2 3 4 5 6 7 8 9 10
 Does Not Interfere Completely Interferes

b. Mood

0 1 2 3 4 5 6 7 8 9 10
 Does Not Interfere Completely Interferes

c. Walking ability

0 1 2 3 4 5 6 7 8 9 10
 Does Not Interfere Completely Interferes

Patient Name:

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d. Normal work

0 Does Not Interfere
 1
 2
 3
 4
 5
 6
 7
 8
 9
 10 Completely Interferes

e. Relations with other people

0 Does Not Interfere
 1
 2
 3
 4
 5
 6
 7
 8
 9
 10 Completely Interferes

f. Sleep

0 Does Not Interfere
 1
 2
 3
 4
 5
 6
 7
 8
 9
 10 Completely Interferes

g. Enjoyment of life

0 Does Not Interfere
 1
 2
 3
 4
 5
 6
 7
 8
 9
 10 Completely Interferes

11. In the last 24 hours, how much relief have your medications or other treatments provided? Please mark the box below the percentage that most shows how much RELIEF you have received.

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
 No Relief

 Complete Relief

12. What approaches have you done for help with your problem besides medications?

Date last used:

- Chiropractic _____
- Physical Therapy _____
- Massage Therapy _____
- Exercise _____
- Heat _____
- Ice _____
- Yoga _____
- Taping _____
- Acupuncture _____
- Orthotics _____
- Bracing _____
- Sleeves or wraps _____

If you've tried chiropractic or massage elsewhere, I encourage you to still see Dr. Miles and Trish here in our office. It's always good to compare hands on techniques of different providers and see if they offer you something new or better. Plus, I appreciate their feedback about what they find in improving your care in our office. If you haven't tried either before what are you waiting for!!!

Thank you and feel free to add any comments:

Patient Name:

Date:

FOR STAFF USE ONLY:

- Set up for evaluation with Dr. Miles for his opinion
- X-ray order as below
- Referral for chiropractic evaluation and treatment
- Set up for Manual Therapy with Trish

FURTHER TESTING ORDERED

Patient Name: _____ DOB: _____

Date of service: _____

Facility planning to use: OSF UPH Meth UPH Proctor UPH Pekin

Please note that for all plain films of the spine, we want with patient standing in the natural position in bare feet if possible and in their natural posture.

- 72040 Spine, Cervical 2-3 views, AP, AP open mouth, Lat
- 72050 Spine, Cervical 4 views, AP, AP open mouth, Lat
- 72070 Spine, Thoracic, AP and Lateral
- 72100 Spine, Lumbosacral, 2-3 views
- 72170 Pelvis, 1-2 views
- 72110 Spine, Lumbosacral, 4+ views
- 73030 Shoulder, complete 2+ views, R L or Bilateral
- 73070 Elbow, 2 views, R L Bilateral
- 73100 Wrist, 2 views, R L Bilateral
- 73460 Knee, 3 views plus sunrise, R L Bilateral
- 73600 Ankle 2 views, R L Bilateral
- 73510 Hip, 2 views min, Unilateral R or L
- 73520 Hip, 2 views min, Bilateral
- 73630 Foot, complete, R L or Bilateral
- 73120 Hands, Bilateral survey, 2 views min, both hands on flat plate

Diagnosis Codes:

- M54.2 Cervicalgia; M54.5 Low back pain; M54.41 Lumbago with sciatica, R side; M54.42 Lumbago with sciatica, Left side; M54.6 Pain Thoracic Spine; S39.012A Lumbosacral strain; S29.012A Thoracic strain; S13.4SSA Cervical strain; M54.12 Cervical Radiculopathy; M54.16 Lumbar Radiculopathy;
- M25.50 Joint pain, NOS; M79.643 Pain in joints of bilateral hands; M25.539 Wrist pain bilateral; M25.531 Wrist pain, Right; M24.532 Wrist pain, Left; M62.838 Muscle spasm, NOS; M62.830 Muscle spasm of the back; M72.2 Plantar fasciitis, Right, Left or unspecified; M25.57 Ankle and Foot pain; M25.511 Right shoulder pain; M25.512 Left shoulder pain; M25.519 Bilateral shoulder pain;
- G44.209 Tension Headache; M79.7 Fibromyalgia; G43.909 Migraine, NOS; M41.9 Scoliosis

Ordered by: Rebecca Knight, MD Lic: 036-091883

Benjamin Miles, DC Lic: 038-011932

or Kerry Maloney, APN Lic: 20-9016838

4300 N. Brandywine Drive, Peoria, IL 61614-5021 Tel: 309.692.0123 Fax:309.402.0104