## CHART INFORMATION

1. Name: _____ Date: _____
2. Age: _____ Height: _____ Weight: _____ Blood Pressure: _____ Pulse: _____
3. **CHIEF COMPLANINT**

YES

- ☐ MVA: Driver or Passenger-Restrained-Air Bag-Hit any object- Extracted-Bleeding
- ☐ On the Job
- ☐ Personal Injury
- ☐ Other

What Happened? _____

_____

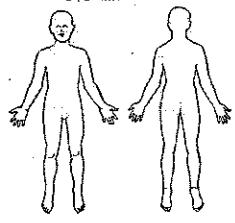
_____

Is there Pain radiating to any other part of your body? Yes ☐ No ☐

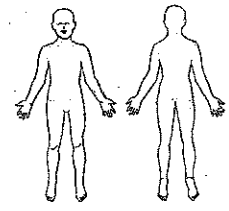
Where: _____

| | | | |
|---|---|---|---|
| Do you have any weakness? | Yes ____ | No ____ | Where: _____ |
| Limping? | Yes ____ | No ____ | |
| Weight Gain / Loss? | Yes ____ | No ____ | |
| Sleep Loss? | Yes ____ | No ____ | |
| Headache? | Yes ____ | No ____ | |
| Bowel/ Bladder | Yes ____ | No ____ | |

**PAIN**



**NUMBNESS/ TINGLING**



Please Note Location(s)

Rate the severity of your pain (1- no pain, 10- most serve pain imaginable): _____

4. **HISTORY**

| | | |
|---|---|---|
| Were you taken to the Hospital? | Yes ____ | No ____ |
| Were you: Hospitalized? | Yes ____ | No ____ |
| Taken off duty? | Yes ____ | No ____ |
| Placed on Physical Therapy? | Yes ____ | No ____ |
| Splinted – braced – Injected? | Yes ____ | No ____ |
| Improved with treatment? | Yes ____ | No ____ |

What diagnostic Studies have been done? (i.e., X - rays, CT scan, MRI): _____

## CHART INFORMATION

**5. PAST MEDICAL HISTORY:**

Heart ___ Liver ___ Lung ___ Kidney ___ Bleeding ___ Bladder Problems ___ Seizure ___

Loss of Consciousness ___

Diabetic ___

Any Medical Problems: _____

Pregnant: Yes ☐ No ☐

**6. MEDICATIONS DOSAGES & FREQUENCY:**

_____

_____

_____

**7. PAST SURGICAL HISTORY:**

_____

_____

_____

**8. PERSONAL & FAMILY HISTORY:**

Smoking: Yes ☐ (packs / day) _____ No ☐ Alcohol: Yes ☐ No ☐

_____

_____

_____

**9. ALLERGIES:** Yes ☐ No ☐ which ones? _____

**10. AGGRAVATING FACTORS:** What changes the quality of the pain?

| | BETTER | WORSE | | BETTER | WORSE |
|---|---|---|---|---|---|
| Sneezing | _____ | _____ | Straining | _____ | _____ |
| Stairs | _____ | _____ | Coughing | _____ | _____ |
| Sitting | _____ | _____ | Driving | _____ | _____ |
| Standing | _____ | _____ | Lifting | _____ | _____ |
| Walking | _____ | _____ | Bending/Twisting | _____ | _____ |
| Squatting | _____ | _____ | Other (_____ | _____ | _____ |

**11. CURRENT TREATMENT FOR PRESENT PROBLEMS:**

_____

_____

_____

# SOAPP® Version 1.0-14Q

Name: _____ Date: _____

***The following are some questions given to all patients at the Pain Management Center who are on or being considered for opioids for their pain. Please answer each question as honestly as possible. This information is for our records and will remain confidential. Your answers alone will not determine your treatment. Thank you.***

Please answer the questions below using the following scale:

**0 = Never, 1 = Seldom, 2 = Sometimes, 3 = Often, 4 = Very Often**

| | |
|---|---|
| 1. How often do you have mood swings? | 0 1 2 3 4 |
| 2. How often do you smoke a cigarette within an hour after you wake up? | 0 1 2 3 4 |
| 3. How often have any of your family members, including parents and grandparents, had a problem with alcohol or drugs? | 0 1 2 3 4 |
| 4. How often have any of your close friends had a problem with alcohol or drugs? | 0 1 2 3 4 |
| 5. How often have others suggested that you have a drug or alcohol problem? | 0 1 2 3 4 |
| 6. How often have you attended an AA or NA meeting? | 0 1 2 3 4 |
| 7. How often have you taken medication other than the way that it was prescribed? | 0 1 2 3 4 |
| 8. How often have you been treated for an alcohol or drug problem? | 0 1 2 3 4 |
| 9. How often have your medications been lost or stolen? | 0 1 2 3 4 |
| 10. How often have others expressed concern over your use of medication? | 0 1 2 3 4 |
| 11. How often have you felt a craving for medications? | 0 1 2 3 4 |
| 12. How often have you been asked to give a urine screen for substance abuse? | 0 1 2 3 4 |
| 13. How often have you used illegal drugs (for example: marijuana, cocaine, etc.) in the past five years? | 0 1 2 3 4 |
| 14. How often, in your lifetime, have you had legal problems or been arrested? | 0 1 2 3 4 |

*Please include any additional information you wish about the above answers. Thank you.*



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