



Please rate the following:

Current pain score _____

Average pain score _____

Pain score at its best _____

Pain score at its worst _____

Average pain score that you could tolerate (your goal) _____

Review of symptoms:

Constitutional:

- Fatigue
- Weight loss/gain
- Insomnia
- Fever / chills
- Night sweats

Psychological:

- Depression
- Anxiety

Neurological:

- Dizziness
- Weakness
- Numb / tingling

Muscular:

- Spasms
- Tightness
- Joint pain

CV:

- Chest pain
- Palpitations

Respiratory:

- Cough
- Shortness of breath

GI:

- Heartburn
- Nausea / vomiting

GU:

- Diarrhea
- Constipation
- Incontinence (bowel or bladder)

Do you have any new pain symptoms since your last visit? Yes No

If yes, please explain: _____

Past Medical and Social History:

Have you been diagnosed with any new problems by another doctor? Yes No

If yes, please list any new diagnosis: _____

Have you been prescribed any new medications by another doctor? Yes No

If yes, please list new medications: _____

Have you had any lab work, x-rays, or other studies (since last visit?) Yes No

The insurance company we have on file for you is «Insurance». Has this changed since your last visit? Yes No



Long Acting Opioid (OxyContin, MSER/MS Contin/Kadian, Opana ER, Fentanyl patch, Methadone)

On average, how soon do you start to feel relief after taking the medication? _____

On average, how long does the pain relief last? _____

On average, what is your pain score (0-10) before taking the medication? _____

On average, what is your pain score (0-10) after taking the medication? _____

Short Acting Opioid: (Hydrocodone/Norco/Vicodin/Lortab, Oxycodone/Percocet, Darvacet/Propoxyphene, Morphine IR, Dilaudid/Hydromorphone, Opan)

On average, how soon do you start to feel relief after taking the medication? _____

On average, how long does the pain relief last? _____

On average, what is your pain score (0-10) before taking the medication? _____

On average, what is your pain score (0-10) after taking the medication? _____

Do the medications help improve your activity level? _____

Do the medications improve your quality of life? _____

Are you having any of the following side effects? Other _____

Nausea Constipation Itching Fatigue Drowsiness

Opioid Attestation:

I attest and certify that all of the following statements are true and factual:

PLEASE INITIAL EACH ITEM ON THE LINE PROVIDED AND SIGN AT THE BOTTOM

_____ I have used all medications prescribed to me exactly as prescribed.

_____ All of the answers provided on this form are true and factual.

_____ I have accurately reported all side-effects to my physician.

_____ I have not sold, diverted, or otherwise transferred my medication(s) to anyone, including safeguarding my medications from theft.

_____ I have not received, accepted, or taken any other opioid medications from any source, including prescriptions from other physicians.

_____ I have not received, accepted, taken, or otherwise used any illicit drugs pursuant to my opioid agreement.

Patient Signature

Date

Patients - Do not write below this line

Provider Use Only

Plan: Long Acting Continue Change: _____

Plan: Short Acting Continue Change: _____

Screening/brief intervention performed. Reason: _____ Urine screen

The objectives of chronic opioid treatment are pain relief, improvement in activity level, and/or improvement in quality of life. The risks and benefits of opioid use including the potential for dependence, addiction, tolerance, and withdrawal; and the potential for impairment of judgment and motor skills have been discussed at this visit. The patient's opioid agreement was also reviewed at this visit. Over 50% of today's visit was spent in counseling the patient



CAPITOL PAIN INSTITUTE

S. MATTHEW SCHOCKET, M.D.

Chief Complaint:	Pain Score:
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Allergies:

Non-opioid medications (see prior page for opioids)

NSAID:			
Anti-depressant:			
Anti-convulsant:			
Sleep-aid:			
Muscle relaxant:			
Other:			

HPI:

Neck Exam: <input type="checkbox"/> Unchanged	Low Back Exam: <input type="checkbox"/> Unchanged																																										
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CN: <input type="checkbox"/> 2-12 grossly intact Eyes/HEENT: <input type="checkbox"/> EOMI/PERRL; NC/AT Sensorium: <input type="checkbox"/> Speech/thoughts clear/concise Psych: <input type="checkbox"/> Normal <input type="checkbox"/> Depressed <input type="checkbox"/> Anxious Reflexes: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	Other exam notes:
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Impression:	Plan:
	<div style="text-align: right;">Total visit time _____</div>



Encounter Form

ICD-9 Diagnosis Codes:

	Cervical	Thoracic	Lumbar
Disc displacement	722.0	722.10	722.11
DDD	722.4	722.52	722.52
Post Laminectomy	722.81	722.82	722.83
Spondylosis	721.0	721.2	721.3
Radiculopathy	723.4	729.2	724.4
Stenosis	723.0	724.01	724.02
Back Pain	723.1	724.1	724.2

337.21 – CRPS, upper
337.22 – CRPS, lower
338.4 – Chronic Pain Syndrome
346.00 – Classic Migraine
346.10 Common/atypical Migraine
346.90 – Migraine, unspecified
350.1 – Trigeminal neuralgia
350.2 – Atypical Facial Pain
728.85 – Muscle Spasm
729.1 – Fibromyalgia
784.0 – Headache

715.9X – Osteoarthritis
719.4X – Pain in Site
719.0X – Swelling in Site
1 – Shoulder
2 – Upper Arm
3 – Forearm
4 – Hand
5 – Pelvic
6 – Lower Leg
7 – Ankle/foot
8 – Other
9 – Multiple

Injection: _____ LT/RT Diagnosis: _____ Medication: _____

CPT: Office Visits

- 99212 – Level 2 (10 min)
- 99213 – Level 3 (15 min)
- 99214 – Level 4 (25 min)
- 99215 – Level 5 (40 min)
- 99243 – Consult 3 (40 min)
- 99244 – Consult 4 (60 min)
- 99245 – Consult 5 (80 min)
- 99354/99355 – Extended visit
- Other CPT:

- 99408/G0396 – SBI – 15 min or less _____
- 99409/G0397 – SBI – 30 min or more _____
- 80100/80101.QW (Medicare) – Clinic UDS _____
- 95972/95973 - Reprogramming
- 99211 – Est. Level 1/Pull Leads
- G8443 – All Rx E-Prescribed
- G8445 – No Scripts Written
- G8446 – Some Controlled Rx written

- Imaging study Records From
 Labs
 Referral Out To :
 Get Medical

Prescriptions:

- Refill current meds See progress notes
 Clinic follow-up _____ weeks
 Dr. S JReX Christine Jody



Procedure Scheduling Form

- Next Available _____ weeks Overbook ASAP
- Pre-authorization

Description:

Side: Left Right Bilateral

Levels:

Choice IV sedation MAC (Anesthesia)

Location: NWH Seton NW Hyde Park NASC (HCA patients)

Clinic Any