

**Hess Orthopedics – Pain Management  
New Patient Questionnaire**

Welcome to Hess Orthopedics Pain Management Clinic! Please complete this form as it helps us best treat your pain. Please answer every question the best you can. We use ALL of the answers to these questions to tailor treatment to your specific condition. Thank you for helping us to help you!

**Contact Information**

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

Emergency Contact Name & Phone Number: \_\_\_\_\_

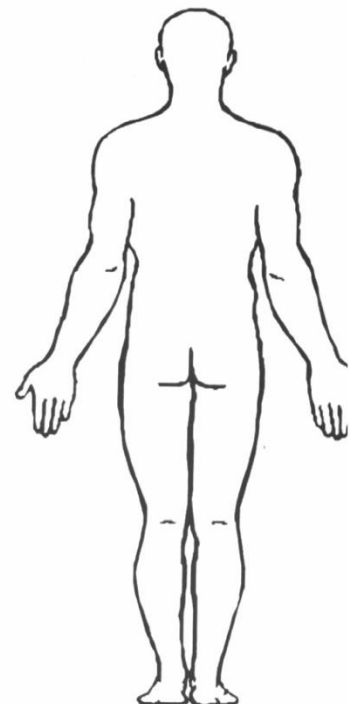
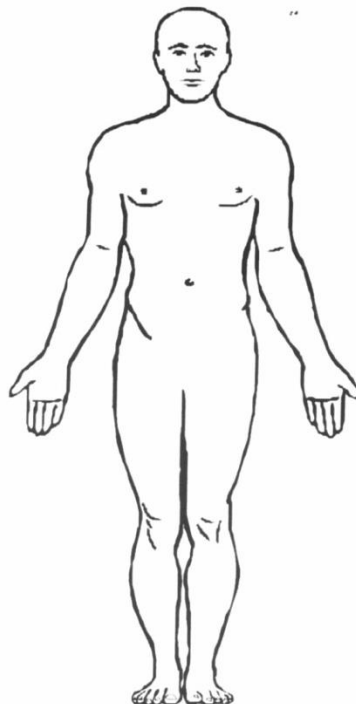
Is it okay for us to share health information (such as laboratory or imaging results) with your emergency contact?      YES      NO

Primary Care Provider: \_\_\_\_\_

Preferred Pharmacy: \_\_\_\_\_

**Tell Us About Your Pain**

Where is most of your pain? Please draw on diagram to the right:





Please answer the following questions:

Is there any pending litigation regarding your condition? YES NO

Is there still a pending disability claim for your condition? YES NO

Is there still a pending workers' compensation claim for your condition? YES NO

Are you pregnant? YES NO

Do you use tobacco products (i.e. smoke cigarettes/cigars, chew tobacco?) YES NO  
How much? \_\_\_\_\_per day

Do you drink alcohol? YES NO  
Frequency? \_\_\_\_\_

Do you use any other drugs (illegal or legal)? YES NO  
If so, what drugs? \_\_\_\_\_

Have you ever been diagnosed with or had treatment for alcohol abuse? YES NO

Has anyone in your family ever been diagnosed with or had treatment for alcohol abuse? YES NO

Have you ever been diagnosed with or had treatment for illegal drug use? YES NO

Has anyone in your family ever been diagnosed or had treatment for illegal drug use? YES NO

Have you ever been diagnosed with or had treatment for abuse of prescription medications? YES NO

Has anyone in your family ever been diagnosed with or had treatment for abuse of prescription medications?  
YES NO