HCM | MEDICAL GROUP

Thank you for choosing HCM Medical Group for your healthcare needs. As a partner in your healthcare, we want to safety provide you with effective and appropriate pain management.

The FDA last year released two Black Box warnings regarding the prescribing of opioid medications in combination with benzodiazepine medications. There are serious risks associated with combining these medications including extreme sleepiness, respiratory depression, coma and even death.

Opioid medications are powerful pain-reducing prescription medications that include oxycodone, hydrocodone and morphine, among other drugs, under both brand and generic names.

Benzodiazepines are drugs typically prescribed for the treatment of neurological and/or psychological conditions, including anxiety, insomnia and seizure disorders.

Although you may have been previously prescribed this combination without negative effects, our practice will not prescribe, under any circumstance, this combination of medication. In addition, we will only prescribe a safe and appropriate dosage of Opioid medications when medically necessary. If you have the expectation to continue this combination of medication and/or dosages outside of what we considered appropriate and safe, we may not be the right providers for your pain management.

For your safety, we also will not prescribe pain medications if you are positive for illicit drugs at any time during treatment. Recommendations will be made to seek treatment for illicit drug use.

Our number one goal is to work with you to find the most appropriate treatment for your pain management. Please review the enclosed medication agreement. Our patients are required to read and agree to this agreement before our providers can provide treatment.

Sincerely,

Ralph Menard, MD
Pain Medicine
Board Certified, American Board of Pain Medicine and American Board of Anesthesia

J. Kaleb Shaw, MD
Pain Medicine
Board Certified, American Board of Physical Medicine & Rehabilitation

Pain Management

Patient's Name _____

Date _____

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What is the main reason for your visit today?

Please check any difficulty in the following activities that apply to you.

- □ Getting up from chair
- □ Using the toilet
- □ Bathing
- □ Getting up from bed
- □ Eating
- □ Dressing
- □ Other:

Where is the pain located?

□ Head	□ Shoulder	□ Right □ Left □ Both	□ Ankle	□ Right □ Left □ Both
□ Upper Back	□ Elbow	□ Right □ Left □ Both	□ Foot	□ Right □ Left □ Both
□ Lower Back	□ Wrist	□ Right □ Left □ Both	□ Other	
□ Pelvis	□ Hand	□ Right □ Left □ Both		
□ Groin	□ Fingers	□ Right □ Left □ Both		
□ Tailbone	□ Knee	□ Right □ Left □ Both		

Does the pain radiate to any of the following?

□ Head		□ Knee	□ Right □ Left □ Both
□ Eyes	□ Right □ Left □ Both	□ Calves	□ Right □ Left □ Both
□ Shoulder	□ Right □ Left □ Both	□ Toes	□ Right □ Left □ Both
□ Elbow	□ Right □ Left □ Both	□ Buttock	□ Front □ Back □ Right □ Left
□ Hand	□ Right □ Left □ Both	□ Thighs	□ Front □ Back □ Right □ Left
□ Fingers	□ Right □ Left □ Both	□ Other	

What is the description of the pain?

□ Dull	□ Cramping	□ Burning	□ Heaviness	□ Tender
□ Aching	□ Hot	□ Tingling	□ Numbness	□ Shooting
□ Sharp	□ Stabbing	□ Pins & Needles	□ Tightness	□ Other

Are you experiencing pain now? □ Yes □ No

On a scale of 0-10 (0 being "no pain" and 10 being "worst imaginable") Today my pain is a _____

When did the pain start?

□ 1-4 weeks ago	□ 6-9 months ago	□ 3-6 years ago
□ 1-3 months ago	□ 9-12 months ago	□ Over 6 years ago
□ 3-6 months ago	□ 1-2 years ago	□ Other

What caused the pain?

□ Fall □ Surgery □ Lifting □ Accident □ Trauma □ No Event □ Other

Pain Management

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Please note any factors that go along with the pain.				
□ Spasms	□ Bowel Dysfunction	□ Lack of Appetite	□ Paralysis	□ Other
□ Poor Vision	□ Bladder Dysfunction	□ Numbness	□ Weakness	
□ Lack of Sleep	□ Erectile Dysfunction	□ Tingling	□ Fatigue	

Factors that releive the pain				
□ Nothing	□ Walking	□ TENS	□ Lying	□ Injections
□ Standing	□ Ice	□ Massage	□ OTC Medications	□ Other
□ Sitting	□ Heat	□ Chiropractor	□ Accupuncture	□ Narcotics

Factors that aggavate the pain			
□ Nothing	□ Walking	□ Coughing/Sneezing	□ Reaching
□ Standing	□ Bending	□ Driving	□ Straining
□ Sitting	□ Stooping	□ Walking	□ Looking Up
□ Lying	□ Climbing Stairs	□ Running	□ Looking Down
□ Other			

Other Therapies				
□ Accupuncture	□ Biofeedback	□ Muscle Relaxers	□ Massage	□ TENS
□ Chiropractor	□ Physical Therapy	□ Psychotherapy	□ NSAIDS	□ RFA
□ Narcotics	□ Radio Frequency Ablation	□ Trigger Point Injection	□ Other	
□ Facet Injection	□ Epidural Steroid Injection	□ Spinal Cord Stimulator		

Any previous Pain Clinic Treatment: □ Yes □ No	Where?
Treatment:	

List any prevous tests related to this problem, performed in the last 12 months:		
□ CT Scan	□ Electromyography/EMG Nerve Study	□ MRI (Cervical, Thoracis or Lumbar)
□ Myelogram	□ Discogram	□ Other