

CMH PAIN MANAGEMENT SERVICES, LLC

Manhal G. Saleeby M.D.

Patient Information

PAIN HISTORY

Where is your pain? _____

Date you first noticed your pain? _____

Has your pain become worse? Yes _____ No _____

If so when did it become intense? _____

Is your pain the result of an accident or injury? Yes_____ No____ If Yes please describe

Is your pain related to an accident or injury at work? Yes_____ No _____

Is this Workman's Comp Yes___ No___

If Workman's Comp please make sure all claim info is provided to Receptionist

Do you have increase in pain with coughing or sneezing? Yes_____ No _____

Any bowel or bladder changes? Yes___No ___ Are you on disability? Yes___ No_____

What makes your pain worse? _____

What makes your pain better? _____

SOCIAL HISTORY

Any Marijuana, Cocaine, Heroin Yes _____ No_____

If yes do you still currently have this addiction problem Yes_____ No _____

Do you smoke Yes _____ No_____ how much _____