

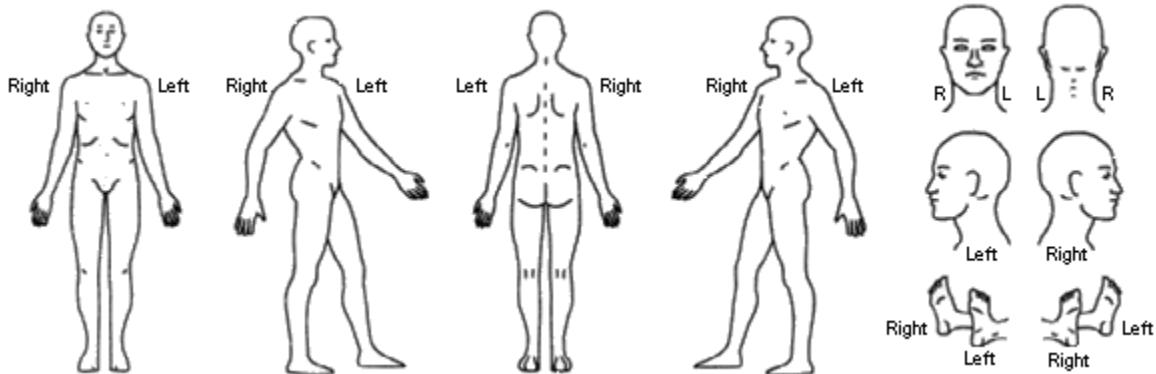
**THE ACUPUNCTURE CLINIC, LLC**  
 PAIN HEALTH ASSESSMENT  
 Tara Heinrich, L.Ac., LMT  
 303-564-3256

**Patient Name & Address:** \_\_\_\_\_ / \_\_\_\_\_ zip: \_\_\_\_\_

**Date / phone / email:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Specific area of pain:** \_\_\_\_\_

**Please mark/shade area associated with pain:**



**Nature of pain:** sharp shooting burning dull throbbing aching cramping squeezing heavy tender gnawing splitting pins & needles tiring sickening other: \_\_\_\_\_

**Pain is:** continuous/constant    75% of the time    50% of the time    25% of the time

**Onset of pain** (work, accident, spontaneous, following surgery, unknown): \_\_\_\_\_

**Which started when:** \_\_\_\_\_

**Pain is usually better with:** cold heat damp dry n/a

**Pain is usually better with:** nothing pressure/massage exercise/walking standing sitting lying down eating fatigue sexual activity stress/anxiety noise coughing sneezing work related motions household chores medications meditation menses ovulation bowel movement empty/full bladder other: \_\_\_\_\_

**Pain is usually worse with:** cold heat damp dry n/a

**Pain is usually worse with:** nothing pressure/massage exercise/walking standing sitting lying down eating fatigue sexual activity stress/anxiety noise coughing sneezing work related motions household chores medications meditation menses ovulation bowel movement empty/full bladder other: \_\_\_\_\_

**Pain area feels:** cool cold warm hot n/a to the touch

**Direct associated symptoms:** numbness weakness warmth coldness tingling sweating swelling spasms changes in skin color loss of bowel/bladder control other: \_\_\_\_\_

**Pain affects which of the following:** physical functioning family relationships social relationships sexual activity mental health/mood mental activity sleep patterns energy appetite work overall functioning

**Of all the problems/stress in your life, how does your pain compare in importance:**

Most important problem                      Just one of many problems

**Pain score usually:** (0=no pain)

0      1      2      3      4      5      6      7      8      9      10

**Pain score on best day:**

0      1      2      3      4      5      6      7      8      9      10

**Pain score on worse day:**

0      1      2      3      4      5      6      7      8      9      10

**Health care provider, diagnosis, methods of treatment in the past, and approximate dates:**

(example: MD, Sciatica, OxyContin, January 2009)

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_

**Previous diagnostic testing:** X-Ray MRI CT Scan Myelogram EMG (nerve conduction)

Thermography Bone scan Discogram N/A Other: \_\_\_\_\_

**All treatments you have received:** (please check all that apply)

Nerve blocks trigger point injections physical therapy TENS unit exercise psychotherapy surgery acupuncture Chinese herbs western herbs supplements naturopathy biofeedback chiropractic nutrition/diet using cane/walker brace/support massage hypnosis relaxation techniques epidural injections facet injections spinal stimulator morphine pump prescription medication over-the-counter medication other: \_\_\_\_\_

**Medications (prescribed/over-the-counter) and dosage taken in the past and currently for pain:**

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**Patient: Do Not Complete Below This Line**

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Date: \_\_\_\_\_

**Average pain score since last appointment:**

0    1    2    3    4    5    6    7    8    9    10

**Pain score today:**

0    1    2    3    4    5    6    7    8    9    10

**Overall pain feels:** Same Better Worse **since starting treatment**

**Recommendations:** \_\_\_\_\_

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Date: \_\_\_\_\_

**Average pain score since last appointment:**

0    1    2    3    4    5    6    7    8    9    10

**Pain score today:**

0    1    2    3    4    5    6    7    8    9    10

**Overall pain feels:** Same Better Worse **since starting treatment**

**Recommendations:** \_\_\_\_\_

---

Date: \_\_\_\_\_

**Average pain score since last appointment:**

0    1    2    3    4    5    6    7    8    9    10

**Pain score today:**

0    1    2    3    4    5    6    7    8    9    10

**Overall pain feels:** Same Better Worse **since starting treatment**

**Recommendations:** \_\_\_\_\_

---

Date: \_\_\_\_\_

**Average pain score since last appointment:**

0    1    2    3    4    5    6    7    8    9    10

**Pain score today:**

0    1    2    3    4    5    6    7    8    9    10

**Overall pain feels:** Same Better Worse **since starting treatment**

**Recommendations:** \_\_\_\_\_

Date: \_\_\_\_\_

Average pain score since last appointment:

0    1    2    3    4    5    6    7    8    9    10

Pain score today:

0    1    2    3    4    5    6    7    8    9    10

Overall pain feels: Same Better Worse since starting treatment

Recommendations: \_\_\_\_\_

---

Date: \_\_\_\_\_

Average pain score since last appointment:

0    1    2    3    4    5    6    7    8    9    10

Pain score today:

0    1    2    3    4    5    6    7    8    9    10

Overall pain feels: Same Better Worse since starting treatment

Recommendations: \_\_\_\_\_

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Date: \_\_\_\_\_

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0    1    2    3    4    5    6    7    8    9    10

Pain score today:

0    1    2    3    4    5    6    7    8    9    10

Overall pain feels: Same Better Worse since starting treatment

Recommendations: \_\_\_\_\_

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Date: \_\_\_\_\_

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0    1    2    3    4    5    6    7    8    9    10

Pain score today:

0    1    2    3    4    5    6    7    8    9    10

Overall pain feels: Same Better Worse since starting treatment

Recommendations: \_\_\_\_\_