

Tell Us About Your Pain

If you would like our staff to review your chronic pain syndrome please PRINT, ANSWER the questions and then FAX or mail this document to our offices at your convenience. A Pacifica staff member will respond within 48 hours on a Monday - Friday basis to discuss your form. There is no charge for completion of this or any of our questionnaires or staff response to them. We follow the medical guidelines of confidentiality and privacy formulated by HIPAA.

No questionnaire on this website is a substitute for proper medical diagnosis or treatment. Only your doctor can diagnose and recommend treatment.

Description of My Chronic Pain

Onset: (nature of injury or illness, when and how it started)

Treatments: (surgery, injections, blocks, hospitalizations, acupuncture, etc.)

Current medications: (for pain or other conditions; list ALL medications)

Medical specialists treating you: (orthopedists, neurologists, psychologists, etc)

Medical studies completed: (MRI, CT scans, EMG, X-Ray, diagnostic blocks, etc.)

Your current diagnoses: (given to you by your doctors)

List the body areas of chronic pain in starting order: (such as low back, leg, head, etc)

List any treatments you are still hoping to receive:

Describe, in your words, what happened and how your chronic pain evolved:

[Click here](#) if you would like to complete our full chronic pain evaluation.