



Excellence in Pain Management

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PATIENT HISTORY

Patient Name _____ Date _____

Date of Birth _____ Age _____ SS# _____

Marital Status _____ Height _____ Weight _____

Telephone Numbers (Home) _____ (Work) _____ (Cell) _____

Home Address _____

City _____ State _____ Zip _____

Primary Care Provider: _____

Phone#: _____ Fax#: _____

Referring Provider: _____

Phone#: _____ Fax#: _____

INSURANCE

Policy Holder Name _____ DOB _____ SS# _____

Primary Insurance _____ Group # _____ ID# _____

Secondary Insurance _____ Group# _____ ID# _____

PHARMACY

Name of Pharmacy _____ City _____

Telephone Number _____ Fax Number _____

GENERAL HEALTH REVIEW

Medical History (such as heart disease, stroke, cancer, arthritis, diabetes, hypertension, as well as psychiatric illnesses, heart problems, etc...)

Surgical History unrelated to Pain (example: appendectomy)

Surgical History related to Pain (example: laminectomy)

Allergies (include medication and food allergies)

Intolerances (include side effects from previous medications, such as gastritis, nausea, constipation, etc...)

Current Medications (include vitamins and birth control pills, if applicable)

Do you have any of the following? (Circle all that apply)

- | | | |
|-----------------------|--------------|---------------------|
| Headaches | Stomach Pain | Chest Pain |
| Vision Problems | Nausea | Shortness of Breath |
| Hearing Problems | Vomiting | Urinary Problems |
| Dizziness | Constipation | Rashes |
| Difficulty Swallowing | Diarrhea | Swollen Joints |

Chronic Fatigue

Have you had any of the following treatments for you current pain? (Circle all that apply)

Physical Therapy Chiropractor Massage Therapy Surgery Medications

DOMESTIC SITUATION

With whom do you live? _____

Are there any substance abuse issues in the household? Yes _____ No _____

If applicable, enter name of caregiver _____

WORK HISTORY

Employment Status:	Full Time	Part Time	Retired	None	Disability
Job	Years Worked				Why did you leave?

LEGAL MATTERS

Are you presently involved in a Law Suit? Yes _____ No _____ If yes, please explain.

SUBSTANCE USE

Which of the following drugs or substances, if any, have you used in the **past?** (Circle all that apply). Next to each drug or substance that you've circled, indicate if you used it occasionally ("O), frequently ("F"), or continuously ("C").

Alcohol _____	Barbiturates _____	Cocaine _____
Heroin _____	Amphetamines _____	Marijuana _____
Other _____	Other _____	Other _____

Are you presently using any of the drugs or substances below? (Circle all that apply). Next to each drug or substance that you've circled, indicate if you used it occasionally ("O), frequently ("F"), or continuously ("C").

Alcohol _____	Barbiturates _____	Cocaine _____
Heroin _____	Amphetamines _____	Marijuana _____
Other _____		

Do you presently smoke cigarettes or use tobacco in any form? Yes _____ No _____

If yes, what kind? _____

If not, did you ever smoke cigarettes or use tobacco in any form? Yes _____ No _____

How many packs do (did) you smoke a day? _____ For how many years? _____

GENERAL SAFETY INFORMATION ON OPIOIDS

Indications and usage for different opioid analgesics vary and the Full Prescribing Information for the specific products should be consulted.

Examples of Opioids Include

Morphine, Hydrocodone, Oxycodone, Hydromorphone, Methadone, Fentanyl, Duragesic, Levorphanol, Vicodin, Norco, Lortab, Percocet, Oxycontin, Ms IR, Ms Contin, Tylenol #3, Tramadol, Ultram, Demerol, Darvocet, Roxicodone, Roxicet, Actiq, Codeine, Dilaudid, etc...

Please note: Sharing or otherwise diverting your opioids is considered a felony in the State of Missouri and is subject to action(s) by Law Enforcement.

Overdose

Persons who are not prescribed an opioid analgesic can overdose by taking even one dose. Persons who have a prescription for an opioid analgesic can overdose by taking more than the amount prescribed.

Certain doses of specific opioid analgesics may cause fatal respiratory depression if taken by patients who have not developed tolerance to the respiratory depressive effects of opioids.

Manipulation by any means of any opioid analgesic dosage form poses a significant risk to the abuser that could result in overdose and death. The risk of fatal outcome is increased with concurrent use or abuse of alcohol or other CNS depressants.

Opioids should be kept in a secure place out of reach of children and protected from theft or misuse. Accidental consumption especially in children may result in overdose or death.

Respiratory Depression

Respiratory depression is the chief hazard from all opioid agonists, which can result in death.

The risk of respiratory depression is increased in elderly or debilitated patients, usually following large initial doses in persons who have not developed any degree of tolerance to the respiratory depressive effects of opioid, or when opioids are given in conjunction with other agents that depress respiratory drive.

Addiction, Abuse and Diversion

There is potential for drug addiction to develop following exposure to opioids even under appropriate medical use. All patients treated with opioids require careful monitoring for signs of abuse and addiction.

Opioid agonists have the potential for being abused and are subject to criminal diversion.

Physical Dependence and Tolerance

The development of physical dependence and/or tolerance is not unusual during chronic opioid therapy.

When a patient no longer requires therapy with an opioid, the daily dose should be tapered gradually to prevent signs and symptoms of withdrawal syndrome in the physically-dependent patient.

Contraindications

Opioids are contraindicated in any setting with a risk of significant respiratory depression (In unmonitored settings or the absence of resuscitative equipment). In patients who have acute or severe bronchial asthma, in patients who have or are suspected of having paralytic effects, or in patients with known hypersensitivity to any of the opioid product constituents.

Serious Side Effects

Respiratory depression, apnea, respiratory arrest, and to a lesser degree, circulatory depression, hypotension, shock, or cardiac arrest have all been associated with opioid use and abuse.

Common Side Effects

Nausea, vomiting, dizziness, drowsiness, constipation, itching, dry mouth, sweating, weakness, and headache are the most common non-serious side effects of opioid analgesics.

Opioid analgesics may cause drowsiness, dizziness, or lightheadedness and may impair mental and/or physical ability required for the performance of potentially hazardous tasks (examples: driving, operating machinery, etc...). Patients should be cautioned accordingly.