



Julien Vaisman, MD
Joe Ordia, MD
Karen Little, NP
Jane Sammarco, NP

NAME: _____ DATE OF APPOINTMENT: _____ TIME: _____

Thank you for scheduling an appointment at the Pain and Wellness Center, 10 Centennial Drive – East Entrance, Peabody, MA 01960. Enclosed is our Patient Registration packet and directions. Please complete all forms and bring with you to your appointment.

To ensure that your appointment is not delayed in any way, please also bring with you:

- Medical records from Primary Care Provider, Orthopedic Surgeon, Neurologist etc. **(IF OUTSIDE OF THE PARTNERS NETWORK)**
- MRI and/or XRAY films, CDs, and reports **(IF OUTSIDE OF THE PARTNERS NETWORK)**
- Picture ID (license, passport, etc)
- Insurance card(s)
- Insurance referral (if required)
- Insurance co-pay (Cash, checks, credit/debit cards, or money orders are accepted methods of Payment)
- Prescription bottles of any pain medicine you are currently taking showing the last time the Prescription was filled, the quantity, and the dosage. **PLEASE DO NOT TRANSFER YOUR PRESCRIPTIONS TO OUR FACILITY UNTIL AFTER YOUR EVALUATION AND ONLY IF APPROVED BY ONE OF OUR PROVIDERS.**
- Completed Pain Questionnaire

During your first visit, and at follow-up visits, you will see one of our medical professionals at the Pain and Wellness Center including Dr Julien Vaisman, Dr Joe Ordia, and Nurse Practitioners Karen Little and Jane Sammarco. For those unfamiliar with Nurse Practitioners (NPs), NPs are registered nurses with advanced training and education. They conduct physical exams and can prescribe medications. Each NP is board certified in the state of Massachusetts. The NPs on staff consult with Dr Vaisman and/or Dr Ordia to design an appropriate treatment plan for the management of your pain. For more information about our practice, please visit our website at www.painandwellnesscenter.com

Please give 24-hour notice by calling 978-826-7230 if you need to cancel or reschedule your appointment. Initial consultations will not be rescheduled if the office is notified same day or patient no-shows. A \$25.00 fee will be billed for **ALL NO-SHOW** appointments.

Due to the current pandemic, please be aware that the office will contact you 2 days prior to your appointment to go over Covid Screening Questions. Please contact us to reschedule if you are not feeling well or have had a recent exposure.

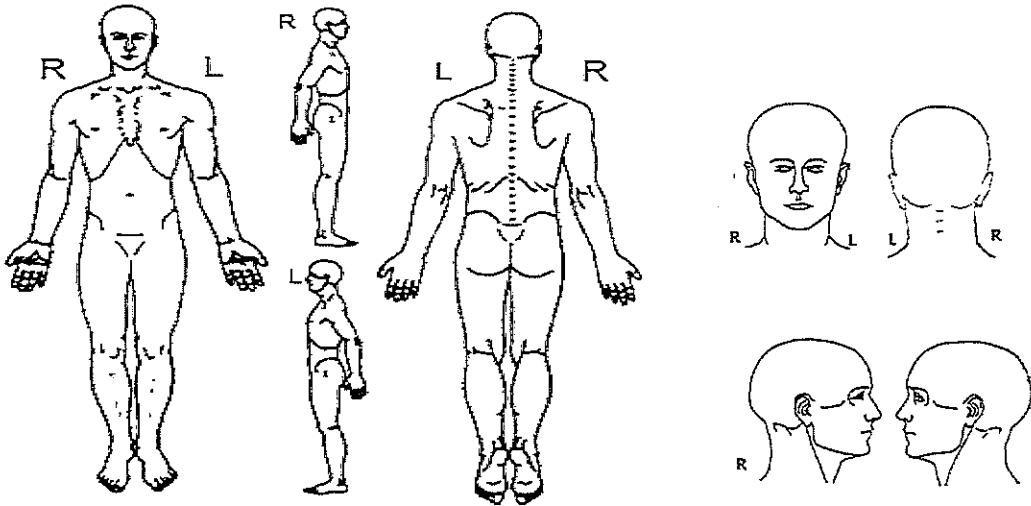
Our office hours are Monday-Friday, 8:00AM to 4:00PM.

Sincerely Yours,

Julien Vaisman, MD

1. Where is your major source of pain?

Please indicate on the diagram below, where your pain is located:



2. How did your pain begin? (i.e. lifting injury, motor vehicle accident, etc.)

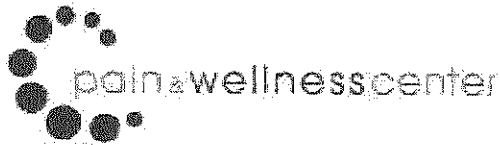
3. What do you believe is causing the pain? _____

4. Have you had surgery related to your pain? (i.e. discectomy, fusion, laminectomy)?

Yes No

If yes, please complete the following:

| PROCEDURE | DATE | SURGEON | HOSPITAL | OUTCOME |
|-----------|------|---------|----------|---------|
| | | | | |
| | | | | |
| | | | | |



5. Is your pain constant? Yes No
6. Which best describes your pain currently: Sharp Dull Burning Aching
 Throbbing Stabbing Other _____

Please rate your pain on the scale below:

| | <u>No Pain</u> | <u>Mild</u> | <u>Discomforting</u> | <u>Distressing</u> | <u>Horrible</u> | <u>Excruciating</u> |
|------------|----------------|-------------|----------------------|--------------------|-----------------|---------------------|
| At Present | 0 | 1 | 2 | 3 | 4 | 5 |
| Worst Pain | 6 | 7 | 8 | 9 | 10 | |

7. What makes the pain worse? Check all that apply
- Coughing/Sneezing Lifting over 15lbs. Lying Down Walking
 Hot/Cold Weather Bowel Movement Exercise Sitting
 Damp/Dry Weather Sexual Activity Standing
 Other _____

8. Which of the following helps the pain? Check all that apply
- Bed Rest Drinking Alcohol Trigger Point Injections Tens Unit
 Physical Therapy Brace/Cast Chiropractor Biofeedback
 Exercise Program Counseling Relaxation Training
 Psychotherapy Acupuncture Massage Therapy

LIST ALL MEDICATION(S):

| DRUG | DOSE | HOW MANY TIMES PER DAY? | COMMENT |
|------|------|-------------------------|---------|
| | | | |
| | | | |
| | | | |
| | | | |

9. Please list all allergies (including medicine): _____

10. Do you have weakness in your extremities? Yes No
11. Is the pain better at certain times of the day or not? _____



12. Please describe the effects of your pain:

Accompanying symptoms: (e.g. nausea, headaches) _____

Sleep _____

Appetite _____

Physical Activity _____

Relationship with others (e.g. irritability) _____

Emotions (e.g. anger, suicidal thoughts, crying) _____

Concentration _____

Other _____

13. Have you ever had any of the following to diagnose your problem?

X-rays CT scan MRI Myelogram EMG Bone Scan

Other, please specify _____

SOCIAL HISTORY

1. Do you smoke? Yes No

If yes, how many packs per day _____ how many years? _____

2. Do you drink alcohol? Yes No

If yes, how much and how often? _____

3. Do you use illicit drugs? Yes No

If yes, please specify: _____

4. Marital Status: Married Divorced Widowed Single

5. How many children do you have? _____

6. Are you currently working? Yes No

If yes, what is your occupation? _____

NAME: _____

Review of Systems:

Do you have any of the following?

General

- Fever Chills
- Weight Loss
- Weight Gain
- Recent infection
- Skin rash
- Headache

Head

- Head injuries

Eyes

- Decreased vision
- Double vision
- Visual spots/Flashing lights
- Sensitivity to bright lights
- Cataracts
- Glaucoma

Ears

- Hearing loss
- Ringing in the ears
- Ear pain
- Ear drainage
- Ear infection
- Dizziness/Vertigo

Nose

- Nasal congestion
- Hay fever
- Nose bleeds
- Sneezing
- Loss of sense of smell
- Sinusitis

Mouth/Throat

- Sores tongue
- Sore throat
- Hoarseness
- Bleeding gums
- Tooth infection
- Loss of taste
- Difficulty swallowing
- Bleeding gums
- Sore throat
- Hoarseness

Breast

- Breast mass
- Breast pain
- Breast discoloration

Hematologic

- Anemia
- Easy bruising or bleeding
- Prior blood transfusion
- Taking blood thinner

Respiratory

- Cough
- Coughing up blood
- Shortness of breath
- Wheezing
- Asthma
- Bronchitis
- Emphysema
- Pneumonia
- Tuberculosis
- Pulmonary embolus

Cardiovascular

- Chest pain
- Palpitations
- Shortness of breath lying down
- Shortness of breath at night
- Leg edema
- Leg cramps with walking
- High blood pressure
- Heart failure
- Rheumatic fever
- Heart murmur
- Atrial fibrillation
- Abnormal EKG

Gastrointestinal

- Abdominal pain
- Heartburn
- Nausea
- Vomiting
- Vomiting blood
- Rectal bleeding
- Black tarry stool
- Hemorrhoid
- Difficulty swallowing
- Diarrhea
- Constipation
- Jaundice
- Liver or gall bladder problem
- Hepatitis

Urinary

- Urinary infection
- Cloudy urine
- Frequent urination
- Urinary incontinence
- Pain or burning with urination
- Blood in urine
- Weak urinary stream
- Urinary hesitancy
- Urinary incontinence
- Kidney stone

Musculoskeletal

- Muscle or joint pain
- Stiffness
- Arthritis
- Gout
- Joint redness
- Joint swelling
- Weakness
- Limitation of joint movement
- Fractures

Neurologic

- Fainting
- Dizziness/Vertigo
- Seizures
- Weakness
- Paralysis
- Numbness
- Tingling
- Tremor
- Parkinson's Disease
- Multiple sclerosis

Endocrine

- Heat or cold intolerance
- Excessive sweating
- Excessive thirst or hunger
- Frequent urination
- Diabetes
- Hypothyroidism
- Hyperthyroidism

Psychiatric

- Anxiety
- Depression
- Tension or Stress
- PTSD
- Suicidal thoughts
- Suicide attempt
- Bipolar
- Schizophrenia
- Manic-depressive
- Addiction

Others

- _____
- _____
- _____
- _____