HOUSTON Methodist ORTHOPEDICS & SPORTS MEDICINE

Established Patient Questionnaire
Rex Marco, MD

To be completed by office staff-
W: _____ H: _____
BMI: _____ SH: _____

Name: _____ **DOB:** _____

1. **Why are you here today?**

2. **List date of operation, if applicable:** _____ (skip if you have not had surgery with Dr. Marco)

   Are you happy with the results of your surgery? Yes No

   Would you have the operation again? Yes No

   Is your function better, the same, or worse than before your surgery? Better Same Worse

3. **Since my last office visit or surgery, my pain is:** Increased Decreased Same

4. **List allergies:** **Weight:** _____

5. **List current pain medications:**

6. **Are you taking aspirin or any blood thinners?** No Yes (please list) _____

7. **Are you currently employed?** **Occupation:**

   If you are not employed, is it due to your condition you are being seen for today? Yes No

8. **Do you smoke, chew tobacco, or use any other nicotine product?** No Yes _____packs/day

9. **List changes in health status since your last visit:**

10. **I have tried the following since my last visit:**

Tylenol	Ibuprofen	Naprosyn	Mobic
Flexeril	Zanaflex	Neurontin	Elavil
Darvocet	Vicodin	Ultram	Norco
Steroid pack	Steroid injections	Physical therapy	Surgery

11. **I currently have the following problems:**

Fever	Chills	Chest pain	Shortness of breath
Pain at night	Depression	Anxiety	Bleeding
Loss of bowel control		Loss of bladder control	

X _____

Signature: Patient or patient's agent **Date**

PAIN DRAWING

NAME: (please print)_____ DOB:_____

X_____

Signature: Patient or patient's agent **Date**

How long have you experienced neck/back pain? _____ Years _____ Months _____ Weeks

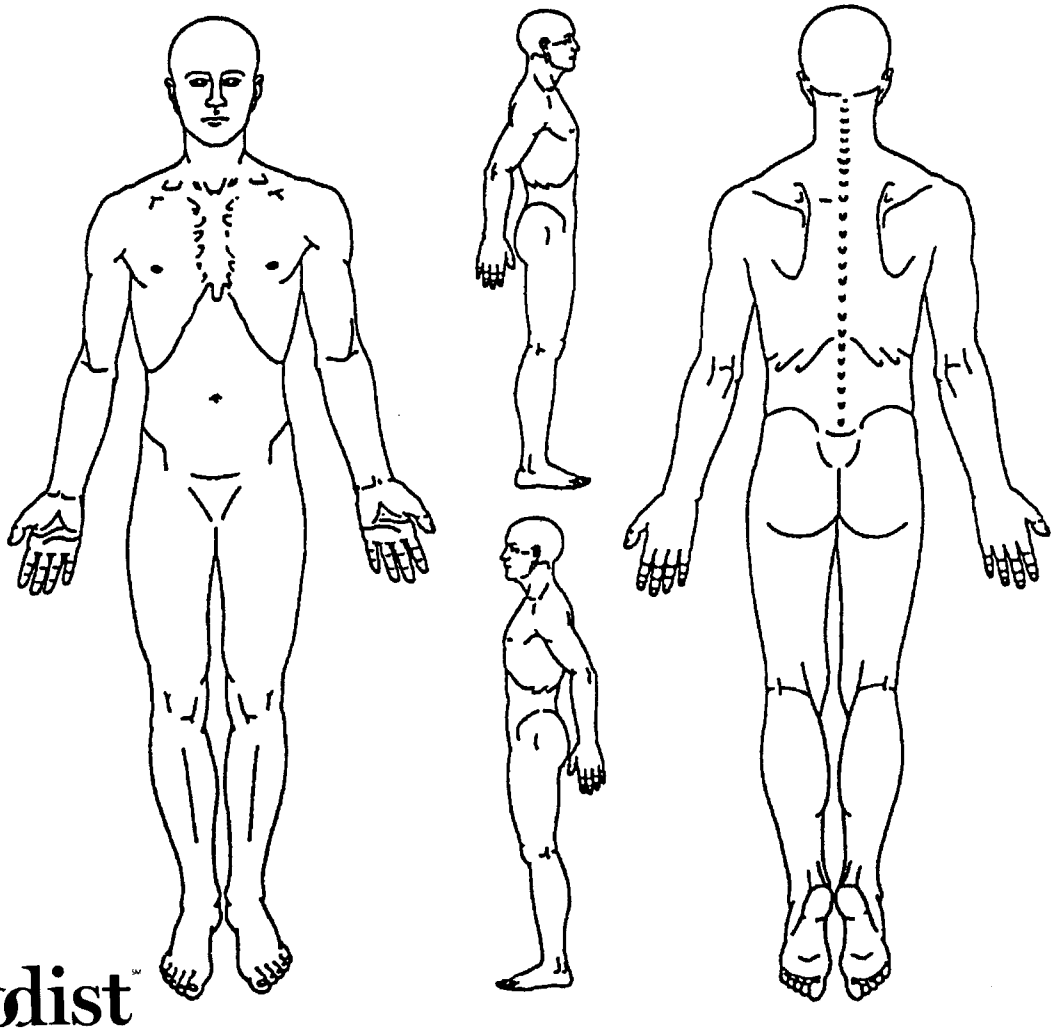
Is this your first episode of neck/back pain? _____ YES _____ NO

Please indicate how you would rate your pain

(LOW) 0 1 2 3 4 5 6 7 8 9 10 (HIGH)

Please mark the figures below with the letters that best describe the sensation or pain you are feeling. Please mark areas where pain radiates or spreads with a ↑, ↓, or ←, → arrow to indicate the direction of radiating pain. (Include all affected areas)

A = Ache	**B = Burning**	**R = Radiating Pain**	**D = Dull Pain**
N = Numbness	**S = Stabbing**	**P = Pins & Needles**	**O = Other**



HOUSTON Methodist
ORTHOPEDICS & SPORTS MEDICINE