



KANSAS PAIN MANAGEMENT  
 10995 QUIVIRA ROAD, OVERLAND PARK, KS 66210  
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**PATIENT HISTORY FORM (PAGE 3)**

TODAY'S DATE		PATIENT FIRST NAME			
DATE OF BIRTH		PATIENT LAST NAME			
<b>HEALTH ASSESSMENT</b>					
GENERAL HEALTH	NONE	WEIGHT LOSS	WEIGHT GAIN	FATIGUE	LOSS OF APPETITE
***FEMALES ONLY*** PREGNANT?	YES	NO			
EYES	NONE	EYE PAIN	DOUBLE VISION	SEVERE REDNESS	LOSS OF VISION
EARS	NONE	EAR PAIN	HEARING LOSS	RINGING IN EARS	DIZZINESS
NOSE	NONE	RUNNY NOSE	NASAL CONGESTION	NOSE BLEEDS	SINUS PAIN/PRESSURE
MOUTH/THROAT	NONE	SORE THROAT SORES IN MOUTH	PROBLEMS SWALLOWING TOOTH PAIN	HOARSENESS	
CHEST/HEART	NONE	CHEST PAIN PROBLEMS BREATHING LYING DOWN	RACING/POUNDED HEART LIMP W/ WALKING	LEG PAIN	
RESPIRATORY	NONE	COUGH	WHEEZING	SHORTNESS OF BREATH	COUGHING UP BLOOD OR MUCUS W/ BLOOD
STOMACH	NONE	HEARTBURN	NAUSEA/VOMITTING	ABDOMINAL PAIN	VOMITING UP BLOOD
BOWELS	NONE	DIARRHEA	CONSTIPATION	BLACK/BLOODY STOOLS	UNUSUAL CHANGE IN STOOL
URINARY TRACT	NONE	BLOOD IN URINE	INCREASED URINATION	DIFFICULTY URINATING	PAIN W/ URINATION
MUSCULOSKELETAL	NONE	BACK PAIN	PAIN IN MUSCLES/JOINTS	LIMITED RANGE OF MOTION	
SKIN	NONE	RASH	REDNESS	SORES IN MOUTH	CHANGING MOLES/WARTS/LESIONS
NEUROLOGICAL	NONE	SEIZURES WEAKNESS/NUMBNESS/TINGLING	PROBLEMS W/ COORDINATION MEMORY/SENSORY ISSUES		
ENDOCRINE	NONE	UNUSUAL CHANGES IN SKIN/HAIR	INCREASED SENSITIVITY TO TEMPERATURE CHANGES		
BLOOD	NONE	BLEEDING GUMS SWOLLEN GLANDS	SWOLLEN HANDS/FEET FREQUENT NOSE BLEEDS	UNUSUAL BRUISING	
IMMUNE	NONE	SNEEZING	ITCHING EYES	FREQUENT SINUS, EAR OR RESPIRATORY INFECTIONS	
MENTAL HEALTH	NONE	MOOD SWINGS	EMOTIONAL CHANGES	THOUGHTS OF HURTING SELF OR OTHERS	
<b>I CERTIFY THAT I HAVE ANSWERED ALL OF THE ABOVE QUESTIONS TRUTHFULLY AND TO THE BEST OF MY ABILITY.</b>					
PATIENT PRINTED NAME					
PATIENT SIGNATURE					DATE