

# MEDICAL ASSOCIATES OF NORTH GEORGIA

**Pain Clinic Director:**  
Steven M. Lobel, MD  
**Board Certified:**  
PM&R and Pain Medicine

**Program Director:**  
Medical Associates  
Pain Medicine Fellowship

## *Specializing in Interventional Spine and Sports Medicine*

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **MR#** \_\_\_\_\_ **Ref Physician:** \_\_\_\_\_

**Chief Complaint:** \_\_\_\_\_ **When did it start?** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### **HISTORY OF PRESENT ILLNESS:** (circle all that apply)

Pain is: improving / worsening / stable / constant / intermittent

Pain is due to: car accident / work injury / sports injury / old age / disease / other

Is there a lawsuit or workers compensation claim? YES / NO

What worsens the pain? Standing / Sitting / Lying down / Walking / Twisting / Driving  
Reaching / Change in weather / Cough / Sneeze / Leaning forward  
Leaning backward / Other: \_\_\_\_\_

What reduces the pain? Standing / Sitting / Lying down / Walking / Twisting / Driving  
Reaching / Heat / Cold / Leaning forward / Leaning backward / Other: \_\_\_\_\_

Is there new or different: weakness (not pain related)  
loss of feeling  
bowel/bladder incontinence (accidents)?

Reduced sleep: Yes / No Does your pain make you feel: depressed / angry / anxious

Prior therapies, injections, treatments: (circle all that apply) Physical Therapy / MRI / CT scan / EMG / Xray /  
Discogram / Epidural / Other injection / Narcotics

### Current Physicians:

PCP: \_\_\_\_\_ Surgeon: \_\_\_\_\_  
Other: \_\_\_\_\_ Prior Pain Physicians: \_\_\_\_\_

### PAST MEDICAL HISTORY:

Diabetes	Heart disease	Blood pressure	Cancer	Stroke
Asthma	Emphysema	Liver disease	Kidney disease	Ulcers
Depression	Anxiety	Thyroid disease	Other:	

### PAST SURGICAL HISTORY:

Appendix	Gall bladder	CABG/Angioplasty
Hysterectomy	Hernia repair	Tonsillectomy
Neck surgery	Back Surgery	Other surgery:



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**MEDICATIONS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PRIOR PAIN MEDICATIONS:** \_\_\_\_\_

**OTC MEDICATION:** Aspirin / Motrin / Advil / Aleve / Goody's / BC Powder / Other:

**ALLERGIES: Drug:** \_\_\_\_\_ **Reaction :** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SOCIAL HISTORY:**

Married / Single / Divorced / Widowed      Do you have children (how many)? \_\_\_\_\_  
Alcohol use: None / Social / Daily (more than 2 drinks)      Quit:  
Tobacco: None or \_\_\_\_\_ packs per day x \_\_\_\_\_ years      Quit:  
Street Drugs: \_\_\_\_\_ Current / Prior  
Education: Grade school / HS / GED / Trade school / College / Post-grad  
Occupation: \_\_\_\_\_ Last worked:  
Hobbies: \_\_\_\_\_ Goals of treatment:

**FAMILY HISTORY:**

Genetic diseases / Neurological disease / Muscle disease / Stroke / Alcoholism or illegal substance abuse

**REVIEW OF SYSTEMS: (only circle if new complaint)**

Weight loss / Fever / Dizziness / Recent change in vision or double vision / Chest pain / Shortness of breath /  
Cough / Wheezing / Heartburn / Nausea / Vomiting / Diarrhea / Constipation / Bloody stools / Black stools / Blood  
in the urine / Rash / Easy bruising / New onset seizures / Recent memory loss / Hot or cold temperature  
intolerance / IV drug abuse / Suicidal thoughts / Sexual problems or decreased libido / Fatigue / Headache

**Vital Signs:** Height = \_\_\_\_\_ Weight= \_\_\_\_\_ Temp = \_\_\_\_\_ BP = \_\_\_\_\_ HR = \_\_\_\_\_