Midwest Joint Pain Institute, SC
Dr. Yibing Li

Initial Consultation Form

Date of Visit: _____

General Information

Name_____ **Date of Birth**_____

Referring Doctor_____ Family Physician_____

How did you hear about our office?_____

Consultation Information

Reason for Visit_____

When did symptoms begin?_____

Were symptoms due to an accident or injury?_____

What medications or treatments have been used relating to this problem?

_____ _____

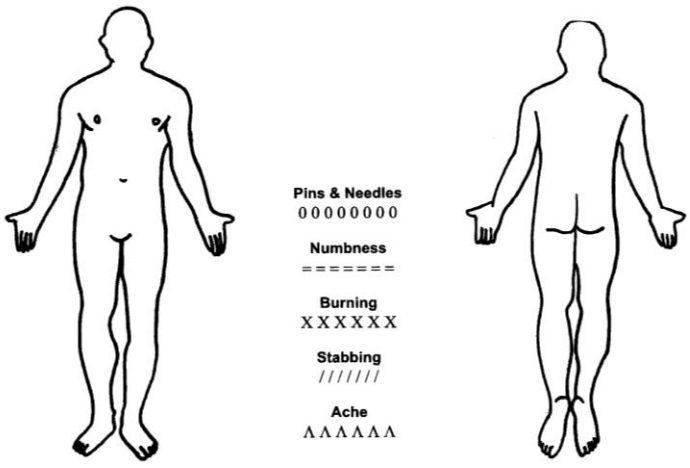
_____ _____

_____ _____

In the past, have any of these treatments been used or given relief to pain (please circle):

Epidural Steroid Injections	Joint/Muscular Injections
Nerve/Facet Blocks	Trigger Point Injections
Physical Therapy	Chiropractic Care

On diagram below, please mark all affected areas with the indicated markers



Current Medications

Please list all current medications, including supplements and over-the-counter medications:

_____ _____ _____

_____ _____ _____

_____ _____ _____

Past Medical History (please circle all that apply):

Heart Disease	Hypertension	Diabetes	Thyroid Disorder	Osteoarthritis	Osteoporosis	Stroke
Ulcers	Kidney Disease	Reflux	Rheumatoid Arthritis	Hepatitis	Lung Disease	Cancer
Neuropathy	HIV	AIDS	Bleeding Disorder	Pacemaker	Liver Disease	Seizures

Other history not mentioned_____

Family Medical History (please circle all that apply):

Stroke	Heart Disease	Diabetes	Thyroid Disease
Hypertension	Psychological Disorders	Spinal Disease	Cancer

Other history not mentioned_____

Past Surgical History

Name of Operation	Date
_____	_____
_____	_____
_____	_____

Social History

Single/Married/Widowed/Divorced_____ How many children do you have?_____

Occupation_____ Do you use tobacco?_____ If yes, how much/how often?_____

Do you drink alcohol heavily?_____ Do you use any illegal drugs?_____

Allergies

No Known Drug Allergies_____

Medications that Caused Allergic Reactions:

_____ Reaction:_____

_____ Reaction:_____

Review of Symptoms (please circle all that apply):

Constitution:

Normal	Fever/Chills	Night Sweats	Loss of Appetite	Weight loss	Weight Gain	Fatigue

Eye/ENT:

Normal	Blurred Vision	Double Vision	Congestion	Hearing Loss

Cardiovascular:

Normal	Chest Pain	Shortness of Breath	Heart Attack
Hypertension	Pacemaker in use	Irregular Heartbeat	Recent Heart Surgery

Respiratory:

Normal	Cough	Asthma	Lung Cancer	TB	Pneumonia	COPD

Gastrointestinal:

Normal	Stomach Ulcer	Diarrhea	Constipation	Acid Reflux
Cancer	Indigestion	Vomiting	Hepatitis	GI Bleeding

Genito-Urinary:

Normal	Urine Retention	Blood in Urine	Frequent Urination	Sexual Dysfunction	Incontinence

Musculoskeletal:

Normal	Muscle Ache	Swollen Joint	Joint Pain	Edema	Back Pain	Neck Pain

Neurological:

Normal	Headache	Dizziness	Seizure	Numbness
Tingling	Neuropathy	Tremor	MS	Brain Tumor

Psychological:

Normal	Depression	Anxiety	Insomnia	Nervousness
Alcoholism	Suicidal Thoughts	Eating Disorder	Bipolar Disorder	Drug Dependence