

MOUNT SINAI – BETH ISRAEL SPINE INSTITUTE OF NEW YORK 10 UNION EAST, SUITE 5P NEW YORK, NY 10003 TEL. (212) 844-8680 FAX. (212) 844-8681

WELCOME TO THE OFFICE OF DR. MICHAEL R. NICOLETTI

TODAY'S DATE:				
PATIENT NAME:		_ AGE: D	ATE OF BIRTH:	
DATE OF INURY OR S	SYMPTOM ONSET:			
DESCRIBE THE PROB	LEM:			
			······································	
PLEASE COMPLETE T	HE FOLLOWING PAIN DIA	GRAM		
MARK USING X'S, LINES, A	AND/OR ARROWS WHERE YOU AI	RE FEELING PAIN RIGHT I	NOW	
		RATE YOUR PAI	${f N}$ (CIRCLE THE CORRESPONDING NUMBER)	
RIGHT	LEFT RIGHT	0 = NO PAIN	10 = EXTREME PAIN	
7	()	RIGHT NOW:	0 1 2 3 4 5 6 7 8 9 10	
		AT BEST:	0 1 2 3 4 5 6 7 8 9 10	
		AT WORST:	0 1 2 3 4 5 6 7 8 9 10	
The line	The Third	TA7		
	$\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{$	What makes th	IE PAIN BETTER?	
), \(\lambda \)				
\	MM	WHAT MAKES THE PAIN WORSE?		
) [([() \			
FRONT	₩ ₩ BACK			
	BACK			
LANE VOLLENED HAT	ANV OF THE FOLLOWING	TECTO EOD TIMO PRO	DBLEM? (PLEASE INLCUDE DATES)	
	ANY OF THE FOLLOWING		OBLEM: (PLEASE INLCUDE DATES)	

				II 5 DAI	E:	
HAVE YOU EVER HA	D ANY OF THE	FOLLOWING TREATM	MENTS FOR <u>THIS</u>	S PROBLEN	M? (Please in	LCUDE DAT
MEDICATIONS:		P	HYSICAL THERA	APY:		
		S				
		A				
MEDICAL HISTORY DO YOU HAVE ANY		PAST MEDICAL CONI	DITIONS?			
HAVE YOU HAD AN	Y SURGERY IN T	ΓΗΕ PAST?				
LIST ANY CURRENT	MEDICATIONS	(INCLUDING VITAM	INS/HERBS/SUP	PLEMENT	s) AND DOSE	S:
DO YOU TAKE ANY	BLOOD THINNE	ERS (INCLUDING CO	JMADIN OR ASP	PIRIN) DA	ILY? YES /	No
		N ALLERGIES AND TH				
		N ALLERGIES AND TH				
Do you have any	ALLERGIES TO)		
Do you have any Does anyone in y	ALLERGIES TO	CONTRAST DYE? AVE ANY OF THE FOL	□ YES □ NO	D JEMS?	□ Bleeding P	
DO YOU HAVE ANY DOES ANYONE IN Y □ HEART DISEASE □ DIABETES	ALLERGIES TO OUR FAMILY HA □ HIGH BLOO □ ANESTHESI	CONTRAST DYE? AVE ANY OF THE FOL DD PRESSURE A COMPLICATIONS	□ YES □ NO LOWING PROBL □ CANCER	D EMS?		PROBLEMS
DO YOU HAVE ANY DOES ANYONE IN Y □ HEART DISEASE	ALLERGIES TO OUR FAMILY HA □ HIGH BLOO □ ANESTHESI	CONTRAST DYE? AVE ANY OF THE FOL DD PRESSURE A COMPLICATIONS	□ YES □ NO LOWING PROBL □ CANCER	D EMS?	□ BLEEDING F	PROBLEMS
DO YOU HAVE ANY DOES ANYONE IN Y HEART DISEASE DIABETES OTHER: HEALTH HABITS AN	ALLERGIES TO OUR FAMILY HA HIGH BLOO ANESTHESI	CONTRAST DYE? AVE ANY OF THE FOL DD PRESSURE A COMPLICATIONS	□ YES □ NO LOWING PROBL □ CANCER □ STROKE	D EMS?	□ BLEEDING F	PROBLEMS
DO YOU HAVE ANY DOES ANYONE IN Y HEART DISEASE DIABETES OTHER: HEALTH HABITS AN	ALLERGIES TO OUR FAMILY HA HIGH BLOO ANESTHESI OS SOCIAL HIS SINGLE	CONTRAST DYE? AVE ANY OF THE FOLOD PRESSURE A COMPLICATIONS	□ YES □ NO LOWING PROBL □ CANCER □ STROKE	D.EMS?	□ BLEEDING F □ NERVE PRO	PROBLEMS BLEMS
DO YOU HAVE ANY DOES ANYONE IN Y HEART DISEASE DIABETES OTHER: HEALTH HABITS AN MARITAL STATUS: CHILDREN:	ALLERGIES TO OUR FAMILY HA HIGH BLOO ANESTHESI OS SOCIAL HIS SINGLE	CONTRAST DYE? AVE ANY OF THE FOLOD PRESSURE A COMPLICATIONS STORY MARRIED \(\text{W}	□ YES □ NO LOWING PROBL □ CANCER □ STROKE	DEMS?	□ BLEEDING F □ NERVE PRO	PROBLEMS BLEMS
DO YOU HAVE ANY DOES ANYONE IN Y HEART DISEASE OIABETES OTHER: HEALTH HABITS AN MARITAL STATUS: CHILDREN: DO YOU SMOKE?	ALLERGIES TO OUR FAMILY HA HIGH BLOO ANESTHESI OSOCIAL HIS SINGLE NO YES NO	CONTRAST DYE? AVE ANY OF THE FOLOD PRESSURE A COMPLICATIONS STORY MARRIED WE	□ YES □ NO LOWING PROBL □ CANCER □ STROKE	EMS? How O	□ BLEEDING F □ NERVE PRO	PROBLEMS BLEMS
DO YOU HAVE ANY DOES ANYONE IN Y HEART DISEASE OIABETES OTHER: HEALTH HABITS AN MARITAL STATUS: CHILDREN: DO YOU SMOKE?	ALLERGIES TO OUR FAMILY HA HIGH BLOO ANESTHESI SOCIAL HIS SINGLE ONO YES ONO OHOL? OYES	CONTRAST DYE? AVE ANY OF THE FOLD PRESSURE A COMPLICATIONS STORY MARRIED WE IF YES, HOW MANY PACKS/DAY	□ YES □ NO LOWING PROBL □ CANCER □ STROKE IDOW/WIDOWER	E How O	□ BLEEDING F □ NERVE PRO LD	PROBLEMS BLEMS
DO YOU HAVE ANY DOES ANYONE IN Y HEART DISEASE DIABETES OTHER: HEALTH HABITS AND MARITAL STATUS: CHILDREN: DO YOU SMOKE? DO YOU DRINK ALCO CURRENT EMPLOYM	ALLERGIES TO OUR FAMILY HA HIGH BLOO ANESTHESL SOCIAL HIS SINGLE NO YES NO YES NO OHOL? YES ENT: WORKING	CONTRAST DYE? AVE ANY OF THE FOLD PRESSURE A COMPLICATIONS STORY MARRIED WE PACKS/DAY S = NO DRINKS/WE	□ YES □ NO LOWING PROBL □ CANCER □ STROKE IDOW/WIDOWER □ EK □ RETIRED FRO	How Co	□ BLEEDING F □ NERVE PRO LD	PROBLEMS BLEMSYEARS
DO YOU HAVE ANY DOES ANYONE IN Y HEART DISEASE DIABETES OTHER: HEALTH HABITS AN MARITAL STATUS: CHILDREN: DO YOU SMOKE? DO YOU DRINK ALCO CURRENT EMPLOYM DO YOU EXERCISE?	ALLERGIES TO OUR FAMILY HA HIGH BLOO ANESTHESI SINGLE ONO YES ONO HYES NO OHOL? YES ENT: WORKING	CONTRAST DYE? AVE ANY OF THE FOLD PRESSURE A COMPLICATIONS STORY MARRIED WE PACKS/DAY S NO DRINKS/WE AS IF YES, WHAT TYPE?	□ YES □ NO LOWING PROBL □ CANCER □ STROKE IDOW/WIDOWER □ K □ RETIRED FRO	How Co	□ BLEEDING F □ NERVE PRO LD	PROBLEMS BLEMSYEARS
DO YOU HAVE ANY DOES ANYONE IN Y HEART DISEASE DIABETES OTHER: HEALTH HABITS AND MARITAL STATUS: CHILDREN: CHILDREN: DO YOU SMOKE? DO YOU DRINK ALCO CURRENT EMPLOYM DO YOU EXERCISE?	ALLERGIES TO OUR FAMILY HA HIGH BLOO ANESTHESI. SOCIAL HIS SINGLE NO YES NO HOL? YES ENT: WORKING YES NO	CONTRAST DYE? AVE ANY OF THE FOLD PRESSURE A COMPLICATIONS STORY MARRIED WITH YES, HOW MANY PACKS/DAY ONO DRINKS/WE AS IF YES, WHAT TYPE?	□ YES □ NO LOWING PROBL □ CANCER □ STROKE IDOW/WIDOWER □ RETIRED FRO	How O How Lo	□ BLEEDING P □ NERVE PRO LD ONG	PROBLEMS BLEMS YEARS
DO YOU HAVE ANY DOES ANYONE IN Y HEART DISEASE DIABETES OTHER: HEALTH HABITS ANY MARITAL STATUS: CHILDREN: DO YOU SMOKE? DO YOU DRINK ALCO CURRENT EMPLOYM DO YOU EXERCISE? DO YOU HAVE A PRIN	ALLERGIES TO OUR FAMILY HA HIGH BLOO ANESTHESI SOCIAL HIS SINGLE ONO YES ONO YES NO OHOL? YES ENT: WORKING YES NO	CONTRAST DYE? AVE ANY OF THE FOLD PRESSURE A COMPLICATIONS STORY MARRIED WE PACKS/DAY SONO DRINKS/WE AS IF YES, WHAT TYPE? YSICIAN? YE PHONE:	□ YES □ NO LOWING PROBL □ CANCER □ STROKE IDOW/WIDOWER □ RETIRED FRO	HOW O HOW LO	□ BLEEDING P □ NERVE PRO LD ONG	PROBLEMS BLEMS YEARS
DO YOU HAVE ANY DOES ANYONE IN Y HEART DISEASE DIABETES OTHER: HEALTH HABITS ANY MARITAL STATUS: CHILDREN: DO YOU SMOKE? DO YOU DRINK ALCO CURRENT EMPLOYM DO YOU EXERCISE? DO YOU HAVE A PRIN	ALLERGIES TO OUR FAMILY HA HIGH BLOO ANESTHESI SOCIAL HIS SINGLE ONO YES ONO YES NO OHOL? YES ENT: WORKING YES NO	CONTRAST DYE? AVE ANY OF THE FOLD PRESSURE A COMPLICATIONS STORY MARRIED WITH YES, HOW MANY PACKS/DAY ONO DRINKS/WE AS IF YES, WHAT TYPE?	□ YES □ NO LOWING PROBL □ CANCER □ STROKE IDOW/WIDOWER □ RETIRED FRO	HOW O HOW LO	□ BLEEDING P □ NERVE PRO LD ONG	PROBLEMS BLEMS YEARS