

# Interventional Pain Physicians of Miramar

Dr. Lowell Davis Dr. Rosemary Daly

Have you experienced any of the following in the last 6 months? PLEASE ANSWER ALL QUESTIONS

## Constitutional

Fever Yes No  
Chills Yes No  
Sweats Yes No  
Anorexia Yes No  
Recent Weight change Yes No

## Eyes

Blurred Vision Yes No  
Double Vision Yes No  
Eye Irritation Yes No  
Visual Loss Yes No  
Eye Pain Yes No  
Photo Sensativity Yes No

## ENT

Ear Pain Yes No  
Ringing in the Ears Yes No  
Decreased Hearing Yes No  
Nosebleeds Yes No  
Sore Throats Yes No  
Hoarseness Yes No  
Voice change Yes No

## Cardiovascular

Chest Pain Yes No  
Heart Beat Changes Yes No  
Fainting Episodes Yes No  
Shortness of Breath Yes No

## Respiratory

Cough Yes No  
Spitting up Blood Yes No  
Asthma or Wheezing Yes No

## Gastrointestinal

Nausea or vomiting Yes No  
Frequent Diarrhea Yes No  
Constipation Yes No

## Genitourinary

Painful urination Yes No  
Frequent urination Yes No  
Blood in Urine Yes No

## Musculoskeletal

Difficulty in walking Yes No  
Joint pain Yes No  
Joint stiffness or swelling Yes No  
Weakness of muscles Yes No  
Weakness of joints Yes No  
Numbness or tingling Yes No  
Cold extremities Yes No

## Neurologic

Paralysis Yes No

Seizures Yes No  
Dizziness Yes No  
Tremors Yes No  
Balance problems Yes No  
Headaches Yes No

## Psychiatric

Depression Yes No  
Anxiety Yes No  
Memory Loss Yes No  
Mental disturbances Yes No  
Suicidal Ideation Yes No

## Endocrinologic

Heat intolerance Yes No  
Cold intolerance Yes No  
Excessive thirst Yes No  
Excessive Hunger Yes No  
Excessive urination Yes No

## Hematologic

Easily Bruise Yes No  
Easily Bleed Yes No  
Enlarged Lymph nodes Yes No  
Hives Yes No  
Hayfever Yes No  
Persistent infections Yes No

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Provider Signature: \_\_\_\_\_