Interventional Pain Services
Gregory Vassilev, M.D.
BEVERLY HIILLS
ENCINO

COMPREHENSIVE PAIN CONSULT INTAKE FORM

Please take a few minutes to fill out this form. This will ensure that your visit will be as effective as possible. GVMD Interventional Services welcomes you. All your answers will be kept strictly confidential. (HIPAA compliant)

CONFIDENTIAL PATIENT INFORMATION

Personal Information

Please provide all information as detailed as possible.

First Name	Last Name	Gender	Age
Address	City	State	ZIP Code
Email	Phone		

Where does it hurt?

When did your pain start?

What caused your pain?

Have you been treated before?

How is your general health?

☐ Outstanding ☐ Good ☐ Some chronic issues ☐ Poor

How often does your pain occur?

☐ continuous ☐ several times a day ☐ several time a week ☐ occasionally

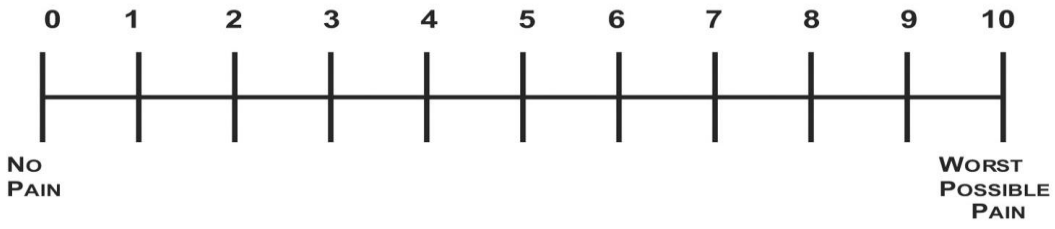
How long does your pain last?

☐ minutes ☐ hours ☐ days ☐ non-stop

Please describe your pain.

☐ sharp ☐ stabbing ☐ shooting
☐ dull ☐ gnawing ☐ throbbing

How much does it hurt now?



(circle appropriate number)

What makes it better?

☐ standing ☐ sitting ☐ laying down
☐ bending ☐ stretching ☐ walking

What makes it worse?

☐ standing ☐ sitting ☐ laying down
☐ bending ☐ stretching ☐ walking

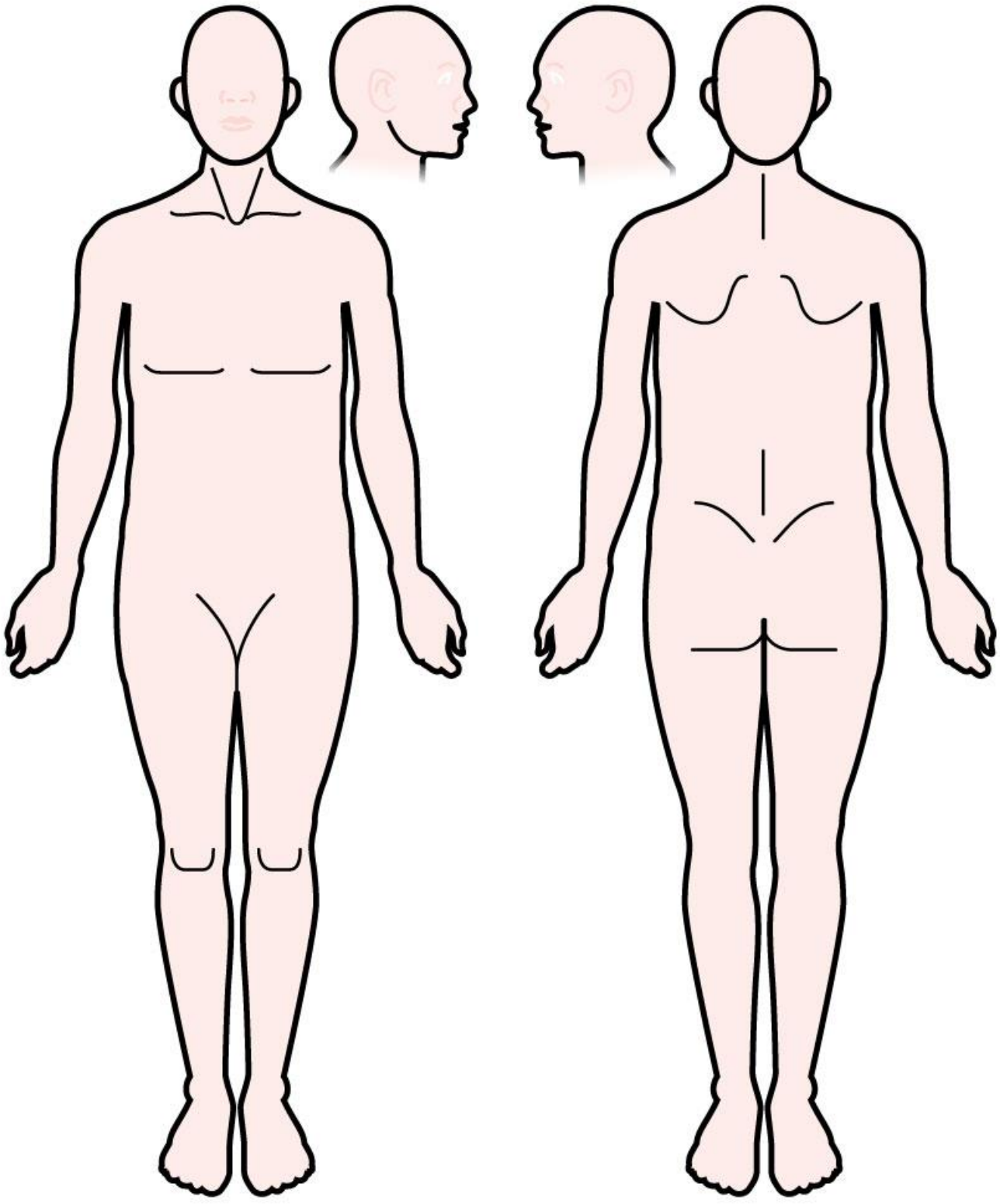
What makes it appear?

☐ standing ☐ sitting ☐ laying down
☐ bending ☐ stretching ☐ walking

Does your pain radiate to a different location?

☐ left leg ☐ left arm ☐ head
☐ right leg ☐ right arm ☐ neck

Please mark all areas where it hurts: (and where it radiates)



What Studies have you received in the last year?

☐ MRI ☐ CT ☐ X-ray

☐ EMG ☐ Bone Scan ☐ other: _____

Do you have any of the below conditions?

☐ numbness ☐ tingling ☐ burning
☐ muscle weakness ☐ loss of sensation ☐ bowel and bladder issues

Have you receive any of the below therapies?

☐ Physical Therapy ☐ Chiropractic treatment ☐ Massage
☐ Acupuncture ☐ Medication ☐ other: _____

Have you had Pain Interventions before?

☐ Epidural Steroid ☐ Facet Block ☐ Radiofrequency ablation
☐ Spinal Cord Stimulation ☐ Implantable pump ☐ other: _____

Do you have any of the below conditions?

☐ skin changes ☐ hair loss ☐ muscle wasting
☐ redness ☐ heat/cold sensation ☐ paralysis

What Medications are you currently taking?

Are you currently taking any of the below drug types?

☐ Blood thinners ☐ NSAIDs ☐ Steroids
☐ Vitamin E ☐ Fish oil ☐ Chemotherapy

Do you currently have, or have you ever had, any of the below conditions? (Check off all that apply)

- ☐ Cancer
- ☐ HIV/AIDS
- ☐ Hepatitis
- ☐ COPD
- ☐ Asthma
- ☐ Emphysema
- ☐ Bleeding Disorders
- ☐ Diabetes
- ☐ Liver Disease
- ☐ Intestinal Disease
- ☐ Depression
- ☐ _____
- ☐ High Blood Pressure
- ☐ Stroke
- ☐ Headaches
- ☐ Migraines
- ☐ Seizures
- ☐ Depression
- ☐ Skin Conditions
- ☐ Thyroid Disease
- ☐ Endocrine Disorders
- ☐ Musculoskeletal Disorders
- ☐ Psychiatric illness
- ☐ _____
- ☐ Coronary Artery Disease
- ☐ Heart Attack
- ☐ Heart Failure
- ☐ Open Heart Surgery
- ☐ Arrhythmias
- ☐ Pacemaker
- ☐ Pulmonary Embolus
- ☐ DVT
- ☐ leg claudication
- ☐ swollen ankles
- ☐ desire to commit suicide
- ☐ _____

Support Network

- ☐ Married
- ☐ Single
- ☐ Divorced
- ☐ Partnership
- ☐ Widowed
- ☐ Co-op

Do you or have you ever used?

- ☐ Alcohol
- ☐ IV Drugs
- ☐ Tobacco
- ☐ Smoked Drugs
- ☐ Cannabis
- ☐ Other: _____

Are you currently?

- ☐ on disability
- ☐ self-employed
- ☐ in a law suit
- ☐ retired
- ☐ unemployed
- ☐ homemaker

Do you have any of the below conditions?

- ☐ pain to touch
- ☐ difficulty walking
- ☐ loss of sensation
- ☐ limbs that are uncontrollable
- ☐ loss of positioning
- ☐ twitching

If Yes, please describe where and how:

_____

_____

Additional important information.

Please bring the completed form with you to your initial appointment.

You may also Fax or email the completed form.

gregoryvassilevmd@gmail.com

Beverly Hills: FAX 424-248-0203

GVMD strictly complies with all HIPAA Privacy Rules

The HIPAA Privacy Rule is located at 45 CFR Part 160 and Part 164. The Privacy Rule establishes national standards to protect individuals medical records and other personal health information. The Privacy Rule applies to health plans, health care clearinghouses, and health care providers that conduct health care transactions electronically.

The HIPAA Privacy Rule requires appropriate safeguards to protect the privacy of personal health information, and sets limits and conditions on the uses and disclosures that may be made of such information without patient authorization.

The Privacy Rule also gives patients rights over their health information, including rights to examine and obtain a copy of their health records, and to request corrections.