

**PAIN AND SPINE CARE  
MASROOR AHMED, M.D.**

**HISTORY AND PHYSICAL**

**CHIEFCOMPLAINT:**

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**Date:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Occupation** \_\_\_\_\_

**Have you had any of the following Conditions?**    **Ht:** \_\_\_\_\_ **Wt:** \_\_\_\_\_ **B/P:** \_\_\_\_\_ **P:** \_\_\_\_\_ **R:** \_\_\_\_\_

	Yes	No
Epilepsy	_____	_____
Bronchitis, Lung Disease	_____	_____
Thyroid Disease	_____	_____
Jaundice or Liver Disease	_____	_____
Psychiatric Disorder	_____	_____
Tuberculosis	_____	_____
Heart Disease	_____	_____
Kidney Disease	_____	_____
Discharge from Urethra, Penis	_____	_____
Bowel problems	_____	_____
Hearing problems	_____	_____
Visual problems	_____	_____
Stroke	_____	_____
Diabetes	_____	_____
Ulcers, Stomach problems	_____	_____
Skin Rash	_____	_____
Cancer	_____	_____
Joint Disease, Arthritis	_____	_____
Hepatitis	_____	_____
HIV +	_____	_____
Blood Transfusion	_____	_____
Speech problems	_____	_____
Other _____	_____	_____

\_\_\_\_\_ Ambulatory Cane \_\_\_ Crutch  
 \_\_\_\_\_ Wheelchair \_\_\_ Prosthesis  
 \_\_\_\_\_ History of Falls \_\_\_ Walker

**Have you had Nerve Blocks  
(injections for pain relief)**  
 \_\_\_ Yes \_\_\_ No

**Name of Doctor who performed  
Blocks:** \_\_\_\_\_

**Did they relieve your pain?**  
 \_\_\_ Yes \_\_\_ No

**How long did you get relief?**  
 1. Less than one day  
 2. A few days  
 3. A few weeks  
 4. More than a month

**Surgical History**

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**Drug Allergies and Reactions:**

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**Current Medications and Name of Prescribing Physician:**

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