

Do you smoke?  No  Yes If so, how many packs per day? \_\_\_\_\_ ppd

Do you drink alcoholic beverages?  No  Yes If yes, how much per week? \_\_\_\_\_

Do you drink caffeinated drinks?  No  Yes If yes, coffee, tea, colas, other \_\_\_\_\_  
Cups per day \_\_\_\_\_

Do you use street drugs? (yes if within one year)  No  Yes If yes, please specify:  
Marijuana Cocaine Amphetamines Other: \_\_\_\_\_

Did you ever use street drugs? (yes if within one year)  No  Yes If yes, please specify:  
Marijuana Cocaine Amphetamines Other: \_\_\_\_\_

What medications (if any) have you taken and how long have you used them in the past? (Check the ones tried)

- |                                      |                                     |  |
|--------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Avinza      | <input type="checkbox"/> Tylox      | <input type="checkbox"/> Flexeril      |
| <input type="checkbox"/> Darvocet    | <input type="checkbox"/> Ultracet   | <input type="checkbox"/> Methcarbamol  |
| <input type="checkbox"/> Darvon      | <input type="checkbox"/> Ultram     | <input type="checkbox"/> Norflex       |
| <input type="checkbox"/> Duragesic   | <input type="checkbox"/> Advil      | <input type="checkbox"/> Paraton Forte |
| <input type="checkbox"/> Hydrocodone | <input type="checkbox"/> Alleve     | <input type="checkbox"/> Robaxin       |
| <input type="checkbox"/> Kadian      | <input type="checkbox"/> Arthrotec  | <input type="checkbox"/> Skelaxin      |
| <input type="checkbox"/> Lorcet      | <input type="checkbox"/> Bextra     | <input type="checkbox"/> Soma          |
| <input type="checkbox"/> Lortab      | <input type="checkbox"/> Celebrex   | <input type="checkbox"/> Zanaflex      |
| <input type="checkbox"/> Methadone   | <input type="checkbox"/> Mobic      | <input type="checkbox"/> Other _____   |
| <input type="checkbox"/> Morphine    | <input type="checkbox"/> Motrin     |  |
| <input type="checkbox"/> MS contin   | <input type="checkbox"/> Naprosyn   |  |
| <input type="checkbox"/> Norco       | <input type="checkbox"/> Naproxen   |  |
| <input type="checkbox"/> Oromorph    | <input type="checkbox"/> Flovicet   |  |
| <input type="checkbox"/> Oxycodone   | <input type="checkbox"/> Florinal   |  |
| <input type="checkbox"/> Oxycontin   | <input type="checkbox"/> Gabapentin |  |
| <input type="checkbox"/> Percocet    | <input type="checkbox"/> Gabitrel   |  |
| <input type="checkbox"/> Percodan    | <input type="checkbox"/> Lamictal   |  |
| <input type="checkbox"/> Talwin      | <input type="checkbox"/> Neurontin  |  |
| <input type="checkbox"/> Tylenol #3  | <input type="checkbox"/> Topamax    |  |
| <input type="checkbox"/> Tylenol #4  | <input type="checkbox"/> Baclofen   |  |

Litigation: Is your pain due to an accident, is litigation (legal suit) or an insurance settlement pending?  No  Yes

If yes, please explain the current state of litigation or settlement: \_\_\_\_\_  
\_\_\_\_\_

Do you have any plans to pursue legal or insurance settlement in the future?  No  Yes

If yes, please explain: \_\_\_\_\_