

Patient Name: \_\_\_\_\_

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

**Please Note: This form is required by your insurance so that we may request an authorization. Please complete each section in its entirety as it is entered online and we are unable to submit a blank section.**

**Nature of the Condition:**  Initial onset [within last 3 months]  Recurrent [multiple episodes of <3 months]  
 Chronic [continuous duration > 3 months]

**Cause of Current Episode:**  Traumatic  Unspecified  Repetitive  Post-Surgical  Work related  Motor vehicle

**Symptoms began on** \_\_\_\_\_ **[mm/dd/yyyy]**

**Briefly describe your symptoms:**

**How did your symptoms start?**

**Average Pain Intensity:**

Last 24 hours: **no pain**  0  1  2  3  4  5  6  7  8  9  10 **worst pain**

Past week: **no pain**  0  1  2  3  4  5  6  7  8  9  10 **worst pain**

**How often do you experience your symptoms?**

1- Constantly [76%-100% of the time]  2- Frequently [51%-75% of the time]  Occasionally [26%-50% of the time]  4- Intermittently [0%-25% of the time]

**How much have your symptoms interfered with your daily activities?**

1-Not at all  2- A little bit  3- Moderately  4-Quite a bit  5- Extremely

**How is your condition changing, since care at *this* facility?**

N/A- this is the initial visit  Much worse  Worse  A little worse  No change  A little better  Better  Much better

**In general, would you say your overall health right now is:**  Excellent  Very good  Good  Fair  Poor

	Disagree	Agree
1. My pain has <b>spread</b> at some time in the past two weeks		
2. In addition to my main pain, I have had <b>pain elsewhere</b> in the last two weeks		
3. In the last 2 weeks, I have only walked short distances <b>because of my pain</b>		
4. In the last 2 weeks, I have dressed more slowly than usual because of my pain		
5. It's really not safe for a person with a condition like mine to be physically active		
6. <b>Worrying thoughts</b> have been going through my mind a lot of the time in the last 2 weeks		
7. I feel that my pain <b>is terrible</b> and that <b>it's never going to get any better</b>		
8. In general in the last 2 weeks, I have not enjoyed all the things I used to enjoy		

9. Overall, how **bothersome** has your pain been in the last 2 weeks?

Not at all  Slightly  Moderately  Very Much  Extremely