

FLORIDA HOSPITAL

Pain Medicine Centers

Welcome to Florida Hospital's Pain Medicine Centers. Our team is dedicated to anticipating and exceeding your needs. The information here will help you with concerns and questions about care received at any of our Florida Hospital Pain Medicine locations.

What Can I Eat Before My Treatment?

If you are scheduled for a treatment:

- Do Not Eat Solid foods for up to 8 hours before you arrive for your appointment.
- You may drink clear fluids (e.g. broth, plain tea, water, clear juice or black coffee) up to 4 hours before your appointment.

Can I Drive?

No. You must have a responsible driver present to take you home after your procedure. For your safety we can make NO EXCEPTIONS. If you do not have a responsible driver to drive you home, your procedure will be rescheduled.

How Do I Reschedule or Cancel My Appointment?

If for any reason you must cancel or need to reschedule your appointment, please call scheduling at 407-303-9662.

What If I Have Changed My Medication or Have New Medication?

Bring with you any changes or additions to you medication list (e.g. blood pressure medication, blood thinners, over the counter medications or herbal supplements)

Do I Need To Bring My X-Ray/CT Scan or MRI?

If you have new X-Rays, CT Scans, or MRIs ordered by another physician, please bring the report/films to your Pain Center appointment.

Before Arriving for My Appointment

- Complete the questionnaire listed below and bring it with you to your appointment.
- You will receive a call from the Pain Center the day before as a reminder of your scheduled appointment. Please let us know of any changes to your address, telephone number or insurance information at that time.

Altamonte Springs
661 E. Altamonte Dr., Suite 328
Altamonte Springs, FL 32701
Phone: 407-303-2158

Celebration
400 Celebration Pl., Suite A340
Celebration, FL 34747
Phone: 407-303-4020

East Orlando
7727 Lake Underhill Dr
Orlando, FL 32822
Phone: 407-303-6811

Orlando
2501 N. Orange Ave., Suite 331
Orlando, FL 32804
Phone: 407-303-2464

Outpatient Services Pain Medicine Questionnaire

Who referred you to Pain Medicine?

Who is your Primary Physician? _____

Have you seen a Pain Management Physician in the past?
If so, who: _____

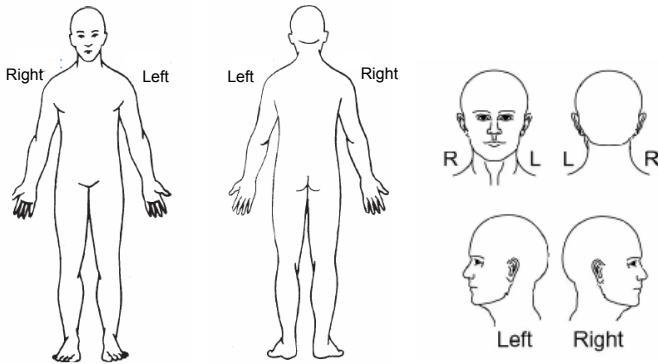
PAIN EXPERIENCE:

What is your pain problem? _____

When did the present symptoms start? ____/____/____
month day year

Was the onset: Gradual Result of an injury Surgery
 Accident Explain: _____

Mark pain location(s) on diagram(s) below



Describe your symptoms? (check all that apply)

- Constant
- Intermittent
- Sharp
- Dull
- Burning
- Numbness
- Tingling
- Aching
- Throbbing

Since your pain problem began, which of the following treatments have you had? (check all that apply)

<input type="checkbox"/>	Medications
<input type="checkbox"/>	Surgery
<input type="checkbox"/>	Traction
<input type="checkbox"/>	Physical Therapy
<input type="checkbox"/>	TENS
<input type="checkbox"/>	Chiropractic / Osteopathic Manipulation
<input type="checkbox"/>	Nerve Blocks or injections
<input type="checkbox"/>	Biofeedback / Relaxation Training
<input type="checkbox"/>	Counseling / Psychotherapy
<input type="checkbox"/>	Other:

Date: _____

Height: _____ Weight: _____

What makes your pain worse? _____

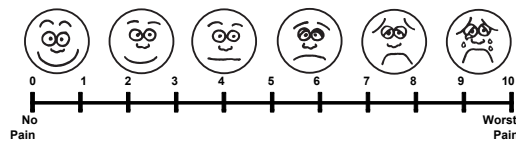
What eases or reduces your pain? _____

Do you have increased pain when you experience the following?

	No	Yes	Location of Pain
Coughing or sneezing	<input type="checkbox"/>	<input type="checkbox"/>	
Bending	<input type="checkbox"/>	<input type="checkbox"/>	
Lifting	<input type="checkbox"/>	<input type="checkbox"/>	
Sitting	<input type="checkbox"/>	<input type="checkbox"/>	
Standing	<input type="checkbox"/>	<input type="checkbox"/>	
Lying Down	<input type="checkbox"/>	<input type="checkbox"/>	
Getting Up or Down	<input type="checkbox"/>	<input type="checkbox"/>	
Walking	<input type="checkbox"/>	<input type="checkbox"/>	

How far can you walk?

In general what is your level of pain?



If it is not possible to completely relieve your pain, what level of pain would be acceptable for you to live with?

No pain Most Intense Pain
0 1 2 3 4 5 6 7 8 9 10

If you did reach that level of pain relief, what activities would you engage in that your current pain level prevents you from doing?



Patient Label

