

**Michigan Pain Specialists**

Patient Name:  
DOB:  
Age:  
Gender:

**Treatment Return**

Date:  
Please fill out all pages completely. This occurs at each visit. Thank you.

Prim Ins:  
Sec Ins:

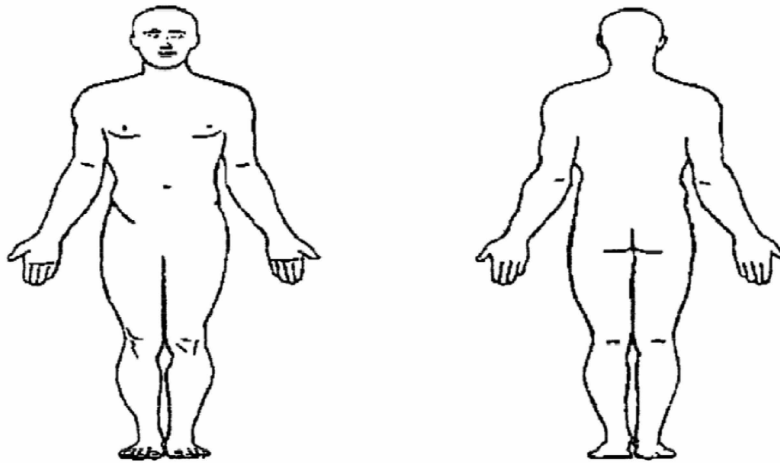
Patient Name: \_\_\_\_\_

Referring Physician: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_

What is your current insurance? \_\_\_\_\_

**Please show the location of your pain by drawing on the figures below:**



**Please circle any of the following blood thinners you have taken in the last month:**

- |                      |                      |                          |                        |
|----------------------|----------------------|--------------------------|------------------------|
| Coumadin (warfarin)  | Lovenox (enoxaparin) | Aggrenox                 | Xarelto (rivaroxaban)  |
| Plavix (clopidogrel) | Innohep (tinzaparin) | NSAIDS                   | Brilinta               |
| Ticlid (ticlodipine) | Fragmin (dalteparin) | Aspirin                  | Arixtra (fondaparinux) |
| Pletal (cilostazol)  | Pradaxa              | Trental (pentoxifylline) | Effient (prasugrel)    |
| Eliquis (apixaban)   | HEP SQ 5,000 Units   | Pentoxil                 | Savaysa (edoxaban)     |

When was your last dose of the above blood thinner? \_\_\_\_\_

Have you had any side effects to your treatments here? If yes, please explain: \_\_\_\_\_

What is your overall percentage of improvement since being treated at MPS? \_\_\_\_\_

What percent better are you as a result of your last treatment? \_\_\_\_\_

What is your average pain score on a scale of 0-10, with 10 being the worst pain? \_\_\_\_\_

Do you have any current issues with constipation? (please circle) Yes      No