# Intake Form

Date: _____

First Name: _____ Last Name: _____

Home Phone #: _____ Cell #: _____

Email: _____

Name of family doctor: _____

How did you hear about us? _____

**Pain Questionnaire**

**1.** What is the reason you are seeing Dr. Naran for today?

_____

**2.** How long have you had this pain? _____

**3.** What is the percentage of the day you experience this pain:

☐ *0-25%* ☐ *26-50%* ☐ *51-75%* ☐ *76-100%*

**4.** On a scale from 1-10, rate how bad is your pain *(0 = no pain and 10 = worst imaginable pain)*: ____

**5.** What makes your pain feel better? _____

**6.** What makes your pain feel worse? _____

**7.** What other treatments have you tried?

☐ Physiotherapy ☐ Massage ☐ Chiropractic ☐ Acupuncture ☐ Medication

**8.** Do you currently have a claim open with ICBC? If yes, you may be eligible for active rehab treatments funded by ICBC. ☐ *Yes* ☐ *No* Claim #_____

**PLEASE TURN OVER**

## TRIGGER POINT THERAPY CONSENT FORM

**Trigger Point Injections (TPI)** are used to treat painful and tender muscles. Normally, muscles are able to contract and relax when they are active. A Trigger point is a discreet knot or tight ropy band of muscles that occurs when muscles fail to relax. The knot can be felt under the skin and may twitch involuntarily when touched Gump sign). Trigger point areas may irritate the nerves around them, and cause referred pain, or pain to other parts of the body.

Trigger Point Injections uses fine, disposable, and sterile medical needles to inject local anesthetic (lidocaine and/or dextrose). This inactivates the trigger point and alleviates pain allowing the muscle and the surrounding nerve endings to desensitize and heal.

I understand and accept the treatment protocol.

I understand and accept the common risks and complications of trigger point injections. Medical complications may include (but not limited to):

- Soft tissue swelling/bruising;
- Infection;
- Increased pain (for 24 hours).

I understand that there are serious but rare complications:

- Trauma to nerves causing temporary numbness;
- Pneumothorax/collapsed lung (if shortness of breath is noted go to local ER as treatment is readily available).

**GENERAL ADVICE:**

Before treatment - have a light meal, no alcohol/tranquilizer 4 hours before treatment, take pain/prescribed medication as directed by your doctor. Wear dark-colored clothing.

After treatment - rest for 2 hours if possible, take pain medication as prescribed, avoid strenuous activity for 2 days even if you are pain-free.

Patients are requested to inform myself about conditions such as allergies, pregnancy, pacemakers, hepatitis, HIV, haemophilia, bleeding disorders or the use of blood thinners prior to treatment.

I certify that I have read and understand this consent form. And, that by signing this form once, I agree to assume all the risks for this treatment procedures, and for any and all future treatment procedures that I receive at this clinic.

Trigger Point Injections are covered by MSP fee plan, therefore there is no cost to the patient directly.

**Date:** _____

**Signature:** _____

# Medical History

**1.** Present Medical History and **duration** of condition:

☐ *Hypertension* _____ ☐ *Diabetes* _____ ☐ *Cancer* _____ ☐ *Thyroid* _____

☐ *Heart Problems* _____ ☐ *None* ☐ *Other* _____

**2.** Surgical History related to your pain:

_____

_____

**3.** Present Medications, Name and Dosage Required:

_____

_____

_____

_____

**4.** Allergies or Reactions to Medications: ☐ *No known drug Allergies*

_____

_____

_____

**5.** Do you have Alcoholic drinks? ☐ *Yes* ☐ *No*

If yes, how many in a week? _____

**6.** Do you smoke? ☐ *Yes* ☐ *No*

If yes, how many in a day? _____