



Introduction

Pain, by definition, is localized physical suffering associated with a bodily disorder or a basic bodily sensation induced by an unpleasant stimulus, received by nerve endings, and characterized by physical discomfort. Its unpleasantness can take many forms, whether it's the sting of a burn, the daily ache of arthritis, a throbbing headache, or that persistent soreness in your back. What you might not be aware of is the science behind why you hurt.

Pain involves a complex interaction between specialized nerves, your spinal cord, and your brain. Imagine a complicated traffic system, with on-ramps, different speed limits, traffic lights, varying road conditions, a traffic control center, an emergency response system, and more. The vehicle you are driving also makes a difference because the experience of pain is different from person to person.

Pain is not only physical but emotional as well. It involves learning and memory. How you feel and react to pain depends on what's causing it, as well as many personal factors. The WVU Medicine Center for Integrative Pain Management strives to treat the whole person, not just the physical symptoms of pain. Our trained providers will take the time to figure out the underlying causes of your pain and develop an integrative and individualized plan to target that area and improve your quality of life.



CENTER FOR INTEGRATIVE
PAIN MANAGEMENT

Clinic Hours
Monday – Friday
8 am – 4:30 pm

1075 Van Voorhis Road • Morgantown, WV 26505

304-598-6216

Table of Contents

- 03** Directions to The Clinic
- 04** MyWVUChart
- 05** Your First Appointment
- 06** Services
- 09** Patient Responsibility
- 10** Forms to Complete and Return
 - 10** Care/Coverage Information
 - 11** Intake Form
 - 16** Patient Health Questionnaire-9
 - 17** Pain Catastrophizing Scale (PCS)
 - 18** Pain Disability Index (PDI)
 - 19** Pain Rating Scale
 - 20** Opioid Risk Tool (ORT)

Please review this packet for important information regarding your visit and complete and return all forms on the day of your appointment.

Directions to The Clinic

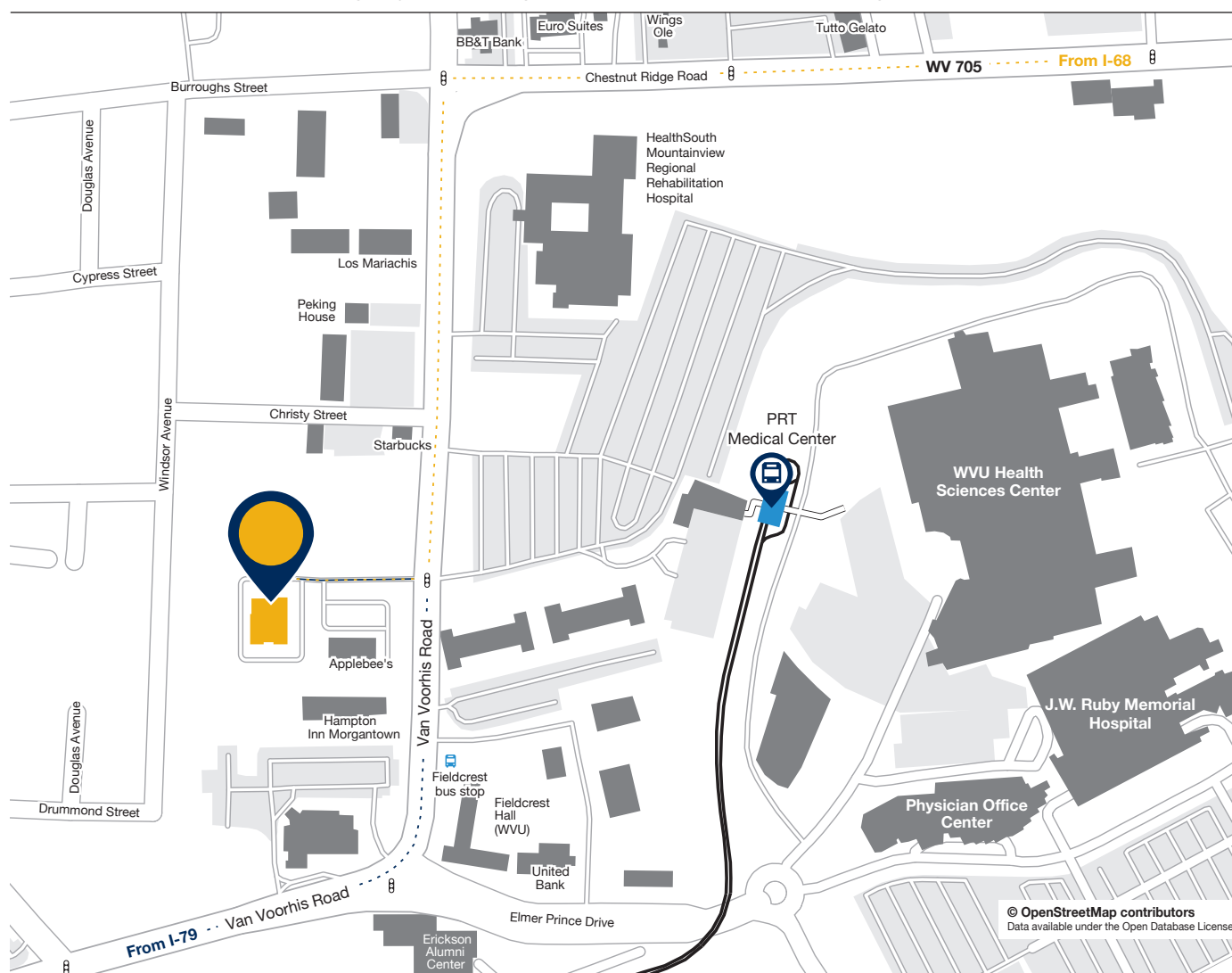
From Interstate 79

- Take Exit 155 toward WV-7/West Virginia University
- If coming from the South, turn right onto Chaplin Rd. (signs for Star City/Osage)
- If coming from the North, turn left onto Chaplin Rd.
- Continue onto US-19S/Monongahela Blvd. for 1.4 mi.
- Use the left 2 lanes to turn left onto Patteson Dr.
- Follow Patteson for 0.7 mi. Patteson turns into Van Voorhis Rd.
- Continue on Van Voorhis Rd. for 0.3 mi.
- At the stoplight next to Applebee's, use the turning lane to turn left

From Interstate 68

- Take exit 7 toward Airport/Pierpont Rd. WV-705
- If coming from the West, turn right onto Cheat Rd./WV-857
- If coming from the East, turn left onto Cheat Rd./WV-857
- Continue onto US-119S/Mileground Rd.
- At the traffic circle, take the 2nd exit onto WV-705 W
- Continue on 705 for 2.3 mi.
- Turn left onto Van Voorhis Rd.
- At the stoplight just past Starbucks, turn right

Follow the road, the Pain Clinic sits behind Applebee's and will be on your left.
There is a sign by the building for the WVU Medicine Pain Management Clinic.



WVU Center for Integrative Pain Management | 1075 Van Voorhis Road • Morgantown, WV 26505

MyWVUChart.com

Your online patient portal

Your health is important to you around the clock — not just during office hours. That's why WVU Medicine offers MyWVUChart to our patients. MyWVUChart is a free, easy, and secure way to view your health information and communicate with your healthcare team. All you need is internet access and e-mail. You can also access many of the MyWVUChart features through the mobile MyWVUChart app.

With MyWVUChart you can:

- View your statement and pay your bill
- Request an appointment with your provider
- View and download a copy of your medical record
- View test results
- Refill prescriptions
- Communicate electronically and securely with your medical care team

How do I get started?

In order to use MyWVUChart, you will need to be identified in our system with some patient information. (If you've ever been seen by a physician at WVU Medicine, you are already registered in our system.) You will also need to activate your MyWVUChart account.

To activate your account, visit us online at MyWVUChart.com or in person at one of our HIM departments to obtain a temporary activation code. You will have 30 days to activate the system before your temporary code expires.

When you access MyWVUChart for the first time, you will be asked the social security number and date of birth of the patient. You will then be able to create your own username and password, ensuring your health information is secure.



Your First Appointment

Please arrive at least 20 minutes before your scheduled appointment time. Your first appointment will give you the opportunity to meet some of our staff and providers. During your visit, you and the provider will discuss, in detail, what services offered in our facility would be most beneficial to you. You will also be able to discuss your individualized course of treatment with your provider. Our goal with this process is to help restore your quality of life and ability to function.

What do I bring?

- Completed forms from this packet
- Your insurance cards
- Photo ID
- A copy of your MRI and/or CT scan

Rescheduling or Cancelling your Appointment

If you need to cancel or re-schedule, please give 24 hours' notice.

To reschedule or cancel, please call **304-598-6216**, or use **MyWVUChart**.

Please note, your first appointment is just a consultation. There will be no interventions performed and no medications given at this visit.

Services: First Floor

The WVU Medicine Center for Integrative Pain Management offers various services for people with acute and chronic pain alike. On our first floor, patients will have their initial evaluation and any follow-up care visits with a pain provider. In these visits, you and the provider will discuss your individualized plan. The first floor provides both opioid and non-opioid medical management, as well as the coordination of integrative care. The Center also offers both traditional and non-traditional modalities to treat your pain.

The Center also offers some more traditional interventional procedures, including:

- Botox Injections
- Bursa Injections
- Cryoablation
- Discography
- Epidurals
- Facet Injections
- Intrathecal (Implantable) Pumps
- Joint Injections
- Peripheral Nerve Blocks
- Radiofrequency Ablation
- Spinal Cord Stimulation
- Sympathetic Chain Blocks
- Trigger Point Injections

Services: Second Floor

On our second floor, there are a wide variety of services provided for a less-invasive approach. **These services, which are designed to enhance your pain treatment and management, include:**

- **Acupuncture**
- **Chiropractic care**
- **Dietitian services**
- **Group therapy**
- **Individual therapy**
- **Massage**
- **Movement therapy**

Acupuncture

Acupuncture improves the body's functions and promotes the natural self-healing process by stimulating specific anatomic sites, commonly referred to as acupuncture points or acupoints. The most common method used to stimulate acupoints is the insertion of fine, sterile needles into the skin. Pressure, heat, or electrical stimulation may further enhance the effects. Other acupoint stimulation techniques include manual massage, moxibustion or heat therapy, or cupping.

Chiropractic Care

Chiropractic care is a healthcare profession that focuses on disorders of the musculoskeletal system, the nervous system, and the effects of these disorders on general health. Chiropractic services are used most often to treat neuromusculoskeletal complaints, including but not limited to back pain, neck pain, pain in the joints of the arms or legs, and headaches. Chiropractors often combine joint manipulation, soft tissue techniques, and therapeutic exercises to improve function and decrease pain.

Dietitian Services

Dietitian services focus on weight management for pain relief and how your diet can impact your pain. You can attend nutrition counseling with a registered dietitian, who will teach portion control and moderation and will serve as a personal motivator and resource throughout your weight-loss journey. We focus on positive, healthy lifestyle changes that promote lifelong health over short "quick-fix" diets. We don't just counsel for weight loss; we take the entire patient into consideration, helping him/her to manage his/her weight in relation to other health problems, such as diabetes, hypertension, irritable bowel syndrome, or chronic kidney disease. During the counseling session, you will receive a personalized weight-loss plan that meets not only your physical needs but fits your lifestyle as well.

Group Therapy

Joining a group of strangers may sound intimidating at first, but group therapy provides benefits that individual therapy may not. Psychologists say, in fact, that group members are almost always surprised by how rewarding the group experience can be. Many groups are designed to target a specific problem, such as depression, obesity, panic disorder, social anxiety, chronic pain, or substance abuse. Other groups focus more generally on improving social skills and helping people deal with a range of issues, such as anger, shyness, loneliness, and low self-esteem.

Individual Therapy

In addition to group therapy, our Center offers individual therapy services. In an individual session, you will meet with a clinical therapist or psychologist to discuss the emotional and behavioral aspects of living with pain. Your therapist may ask you a series of questions about your pain, where and when it occurs, and what factors might affect it. Questions like these and others can help our providers develop a treatment plan, designed specifically for you, to help you manage your pain and learn some lifestyle changes that could improve it.

Massage Therapy

Massage therapy is a therapeutic form of treatment that can provide a number of benefits to patients with acute or chronic pain. We offer medical massage therapy, which concentrates on a medical diagnosis, as part of the patient's overall treatment plan. The focus of this type of massage is measurable and functional outcomes for the patient. Massage therapy can help ease pain in several different ways, including increasing blood flow to sore, stiff muscles and joints. It has also been shown to increase relaxation, emotional well-being, ability to sleep, ability to move, and ability to participate in other therapies. Often, pain is accompanied by symptoms of depression, anxiety, and difficulty sleeping, and massage therapy is a proven option to help manage these difficult conditions.

Movement therapy

Movement therapy can result in greater ease and range of movement; increased balance, strength and flexibility; improved muscle tone and coordination; joint resiliency, pain relief; and relief of rheumatic, neurological, spinal, stress, and many other issues. In our Movement Therapy room, we provide functional movement assessments, individualized rehabilitation plans for patients, instruction on at-home exercise programs, and informative sessions on the benefits of exercise in relation to pain and overall health. Modalities and therapeutic exercise will be used to improve strength, stability, flexibility, range of motion, postural control, and enforce proper movement patterns.

Patient Responsibility

Attendance Policy

The WVU Medicine Center of Integrative Pain Management has a high demand rate for appointments, and because of this, the Center has created an attendance policy. This policy states that after three (3) no call/no show events, our staff has the right to not re-schedule the appointment. Also, in the event of excessive cancellations, the staff has the right to not re-schedule patients.

The Center also has a strict policy that states if a patient is more than 20 minutes late to an appointment, the provider has the right to not see the patient.

Medication Refill Policy

Our providers are working toward revising the opioid-prescribing habits of not only the WVU Medicine system but the whole state and surrounding states in an effort to stop the opioid problem before it starts. To enforce this, the Center has a medication refill policy that states that a patient **MUST** have an appointment scheduled and attend this appointment in order to receive a medication or a medication refill. Absolutely no medication refill requests will be accepted over the phone.

Financial Policy

If a co-pay is required by your insurance provider, it must be paid at the time of service. **Cash, credit, debit, check, or money orders are accepted as forms of payment.**

If you are considered private pay, payment is due in full at time of service. You are considered private pay for motor vehicle accident claims, or if you are in litigation regarding your pain/injury.

If you are considered private pay, the initial consultation fee is \$244.00.

If you do not have your insurance card or have your personal payment prepared, your appointment may be rescheduled.

You can pay your bill online through your **MyWVUChart account** or by telephone. Make hospital payments at **855-778-2922** or physician payments at **304-285-7100** or **800-541-4009**. Discounts may be available.

Care/Coverage Information

Date: _____

Please complete and return

Name: _____
Last First MI

Address: _____
(Street, City, State, Zip Code)

Home: (____) ____ - _____ Cell: (____) ____ - _____ Work: (____) ____ - _____

Email: _____ Marital Status: _____

Emergency Contact

Name: _____
Last First MI

Home: (____) ____ - _____ Cell: (____) ____ - _____ Work: (____) ____ - _____

Physicians

Referring: _____ Primary Care (PCP): _____

Insurance Information

Workers' Compensation: WV PA MD OH Other: _____

Claim No: _____ DOI: _____

Employer at time of claim: _____

Primary Insurance: _____ Effective Date: _____

Subscriber Name: _____ SS No: _____

Relation: Self Spouse Other: _____ Date of Birth: _____

Secondary Insurance: _____ Effective Date: _____

Subscriber Name: _____ SS No: _____

Relation: Self Spouse Other: _____ Date of Birth: _____

Intake Form: 1

Date: _____

Please complete and return

Patient Name: _____ Date of Birth: _____

When did your symptoms begin? _____

Describe your pain (include location / pain: sharp, dull, stabbing, radiating / bowel and/or bladder symptoms / numbness / weakness):

Describe in detail how your pain started: (falling, twisting, lifting, car accident, unknown)

What makes your symptoms better? (please explain)

- | | |
|---|---|
| <input type="radio"/> Medication: _____ | <input type="radio"/> Activities/positions: _____ |
| <input type="radio"/> Heat: _____ | <input type="radio"/> Braces/corset: _____ |
| <input type="radio"/> Ice: _____ | <input type="radio"/> Other: _____ |
| <input type="radio"/> Physical therapy: _____ | <input type="radio"/> Nothing |
| <input type="radio"/> Exercises: _____ | |

What makes your symptoms worse? (please explain)

- | | |
|--|---|
| <input type="radio"/> Lying down: _____ | <input type="radio"/> Activities/exercises: _____ |
| <input type="radio"/> Sitting: _____ | <input type="radio"/> Braces/corset: _____ |
| <input type="radio"/> Standing: _____ | <input type="radio"/> Other: _____ |
| <input type="radio"/> Walking/running: _____ | <input type="radio"/> Nothing |
| <input type="radio"/> Climbing up/down stairs: _____ | |

Mobility

How far can you walk before you have to stop to rest? ☐ 10 to 50 feet ☐ 1 to 2 blocks ☐ ¼ of a mile

Do you use a cane, crutches, or a walker? _____

What other treatment(s) have you had for your pain? _____

Intake Form: 2

Please complete and return

Prior Interventions: Check what interventions you've tried, the frequency of the interventions, the last time you had these interventions, and the results of these interventions (pain improved or worsened):

- ☐ Acupuncture: _____
- ☐ Chiropractor: _____
- ☐ Physical therapy: _____
- ☐ Manipulation/adjustments: _____
- ☐ Injections: _____
- ☐ TENS unit: _____
- ☐ Massage: _____
- ☐ Brace/corset: _____
- ☐ Other: _____

What are two important activities that you cannot do or are having trouble doing?

Examples: "I can't get dressed without help." "I can't play golf." "I can't go to work."

Please rate performance ability below each activity.

Activity 1: _____

Unable to perform: 0 1 2 3 4 5 6 7 8 9 10 :Able to perform at same level as before problem

Activity 2: _____

Unable to perform: 0 1 2 3 4 5 6 7 8 9 10 :Able to perform at same level as before problem

Medical History

Please check all current medical conditions for which you are under a doctor's care:

- | | | |
|--|---|--------------------------------------|
| <input type="radio"/> Bleeding disorders | <input type="radio"/> High blood pressure | <input type="radio"/> Nerve damage |
| <input type="radio"/> Cancer | <input type="radio"/> High cholesterol | <input type="radio"/> Stomach ulcers |
| <input type="radio"/> Circulation problems | <input type="radio"/> Kidney disease | <input type="radio"/> Stroke |
| <input type="radio"/> Diabetes | <input type="radio"/> Liver disease | <input type="radio"/> Other: _____ |
| <input type="radio"/> Heart disease | <input type="radio"/> Lung disease | |

Additional information: _____

Intake Form: 3

Please complete and return

Please list all prior surgeries

Surgery: _____ Date: _____

Surgeon: _____ Facility: _____

Surgery: _____ Date: _____

Surgeon: _____ Facility: _____

Surgery: _____ Date: _____

Surgeon: _____ Facility: _____

Surgery: _____ Date: _____

Surgeon: _____ Facility: _____

List all medications and doses you take each day

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

List below any medication allergies

Medication: _____ Reaction: _____

Medication: _____ Reaction: _____

Medication: _____ Reaction: _____

Medication: _____ Reaction: _____

Are you allergic to latex? ☐ Yes ☐ No

Additional information: _____

Intake Form: 4

Please complete and return

Social History

Marital status: ☐ Married ☐ Widow/widower ☐ Divorced ☐ Separated ☐ Single Number of children: _____

Tobacco use: ☐ Daily ☐ Weekly How much? _____

Alcohol use: ☐ Daily ☐ Weekly How much? _____

Exercise: ☐ Daily ☐ Weekly How much? _____

Recreational activities: _____

Occupation: _____ Currently working? ☐ Yes ☐ No: _____
Date last worked

Job pressure/stress? ☐ Yes ☐ No

Is your chief complaint/injury covered by worker's compensation? ☐ Yes ☐ No

Are there any legal transactions in progress concerning you chief complaint/injury? ☐ Yes ☐ No

If you marked yes, please explain: _____

Do you have any disability claims or social security benefits?

☐ No ☐ Yes: _____

In the past year, have you had two weeks or more during which you felt sad or depressed or when you have lost all interest in things that you usually cared about or enjoyed?

☐ No ☐ Yes: _____

Family History

Does anyone in your family have back problems/scoliosis?

☐ No ☐ Yes (who): _____

Other family medical problems (diabetes, high blood pressure, cancer, lung disease, kidney disease, other)

☐ No ☐ Yes (who): _____

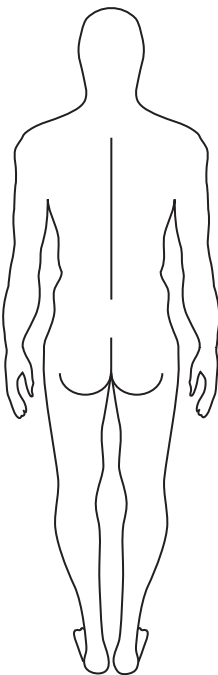
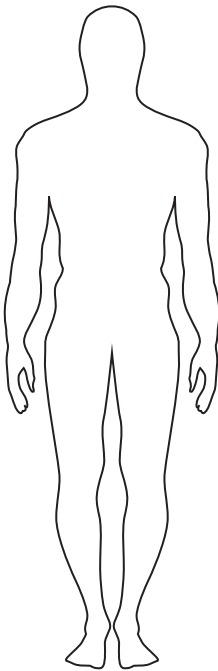
Additional information: _____

Intake Form: 5

Please complete and return

Pain Map:

Please shade in the areas that hurt



Review of Systems

	Yes	No	Describe
Any recent change in appetite?	<input type="radio"/>	<input type="radio"/>	
Any fever or chills?	<input type="radio"/>	<input type="radio"/>	
Any recent weight loss or weight gain?	<input type="radio"/>	<input type="radio"/>	
Any difficulty starting to urinate?	<input type="radio"/>	<input type="radio"/>	
Any urinary incontinence?	<input type="radio"/>	<input type="radio"/>	
Urinating more or less frequently?	<input type="radio"/>	<input type="radio"/>	
Bleeding or burning upon urination?	<input type="radio"/>	<input type="radio"/>	
Any recent change in bowel habits?	<input type="radio"/>	<input type="radio"/>	
Any incontinence of bowel?	<input type="radio"/>	<input type="radio"/>	
Diarrhea?	<input type="radio"/>	<input type="radio"/>	
Constipation?	<input type="radio"/>	<input type="radio"/>	
Any visual problems?	<input type="radio"/>	<input type="radio"/>	
Any ear problems?	<input type="radio"/>	<input type="radio"/>	
Any instances of chest pain, irregular heartbeat, or leg swelling?	<input type="radio"/>	<input type="radio"/>	
Any shortness of breath or breathing problems?	<input type="radio"/>	<input type="radio"/>	
Any joint pain, muscle pain, stiffness, or swelling of joints?	<input type="radio"/>	<input type="radio"/>	
Any skin rashes, irritations, or sores?	<input type="radio"/>	<input type="radio"/>	
Any problems with memory, attention span, numbness, tingling, or balance?	<input type="radio"/>	<input type="radio"/>	
Any changes in mood?	<input type="radio"/>	<input type="radio"/>	
Any enlarged/swollen lymph nodes?	<input type="radio"/>	<input type="radio"/>	
Any unexplained bleeding or bruising?	<input type="radio"/>	<input type="radio"/>	
Any hay fever or other allergies?	<input type="radio"/>	<input type="radio"/>	
Any sleep disruption?	<input type="radio"/>	<input type="radio"/>	

Patient Health Questionnaire-9

Please complete and return

Over the last 2 weeks, how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly every day
Little interest or pleasure in doing things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling down, depressed, or hopeless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble falling or staying asleep or sleeping too much	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling tired or having little energy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poor appetite or overeating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling bad about yourself or that you are a failure or have let yourself or your family down	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble concentrating on things, such as reading the newspaper or watching television	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Moving or speaking so slowly that other people could have noticed or the opposite – being so fidgety or restless that you have been moving around a lot more than usual	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thoughts that you would be better off dead or of hurting yourself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	- 0 -	- 1 -	- 2 -	- 3 -

If you marked any number above zero, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

☐ Not difficult at all
 ☐ Somewhat difficult
 ☐ Very difficult
 ☐ Extremely difficult

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Additional information: _____

Pain Catastrophizing Scale (PCS)

Please complete and return

When I'm in pain ...	Not at all	To a slight degree	To a moderate degree	To a great degree	All the time
I worry all the time about whether the pain will end.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel I can't go on.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It's terrible, and I think it's never going to get any better.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It's awful, and I feel that it overwhelms me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel I can't stand it anymore.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I become afraid that the pain will get worse.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I keep thinking of other painful events.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I anxiously want the pain to go away.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can't seem to keep it out of my mind.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I keep thinking about how much it hurts.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I keep thinking about how badly I want the pain to stop.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There's nothing I can do to reduce the intensity of the pain.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I wonder whether something serious may happen.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	- 0 -	- 1 -	- 2 -	- 3 -	- 4 -

Copyright 1995 Michael J.L. Sullivan. Reproduced with permission.
Source: Sullivan MJL, Bishop S, Pivak, J. The pain catastrophizing scale: development and validation. Psychol Assess, 1995, 7:524-532.

Additional information: _____

Pain Disability Index (PDI)

Please complete and return

The rating scales below are designed to measure the degree to which aspects of your life are disrupted by chronic pain. In other words, we would like to know how much pain is preventing you from doing what you would normally do or from doing it as well as you normally would. Respond to each category indicating the overall impact of pain in your life, not just when pain is at its worst.

For each of the 7 categories of life activity listed, please circle the number on the scale that describes the level of disability you typically experience. A score of 0 means no disability at all, and a score of 10 signifies that all of the activities in which you would normally be involved have been totally disrupted or prevented by your pain.

Family/Home Responsibilities: This category includes chores or duties performed around the house (e.g. yard work) and errands or favors for other family members (e.g. driving the children to school).

No Disability: 0 1 2 3 4 5 6 7 8 9 10 :Worst Disability

Recreation: This disability includes hobbies, sports, and other similar leisure time activities.

No Disability: 0 1 2 3 4 5 6 7 8 9 10 :Worst Disability

Social Activity: This category refers to activities that involve participation with friends and acquaintances other than family members. It includes parties, theater, concerts, dining out, and other social functions.

No Disability: 0 1 2 3 4 5 6 7 8 9 10 :Worst Disability

Occupation: This category refers to activities that are part of or directly related to one's job. This also includes non-paying jobs, such as that of a housewife or volunteer.

No Disability: 0 1 2 3 4 5 6 7 8 9 10 :Worst Disability

Sexual Behavior: This category refers to the frequency and quality of one's sex life.

No Disability: 0 1 2 3 4 5 6 7 8 9 10 :Worst Disability

Self-Care: This category includes activities that involve personal maintenance and independent daily living (e.g. taking a shower, driving, getting dressed, etc.)

No Disability: 0 1 2 3 4 5 6 7 8 9 10 :Worst Disability

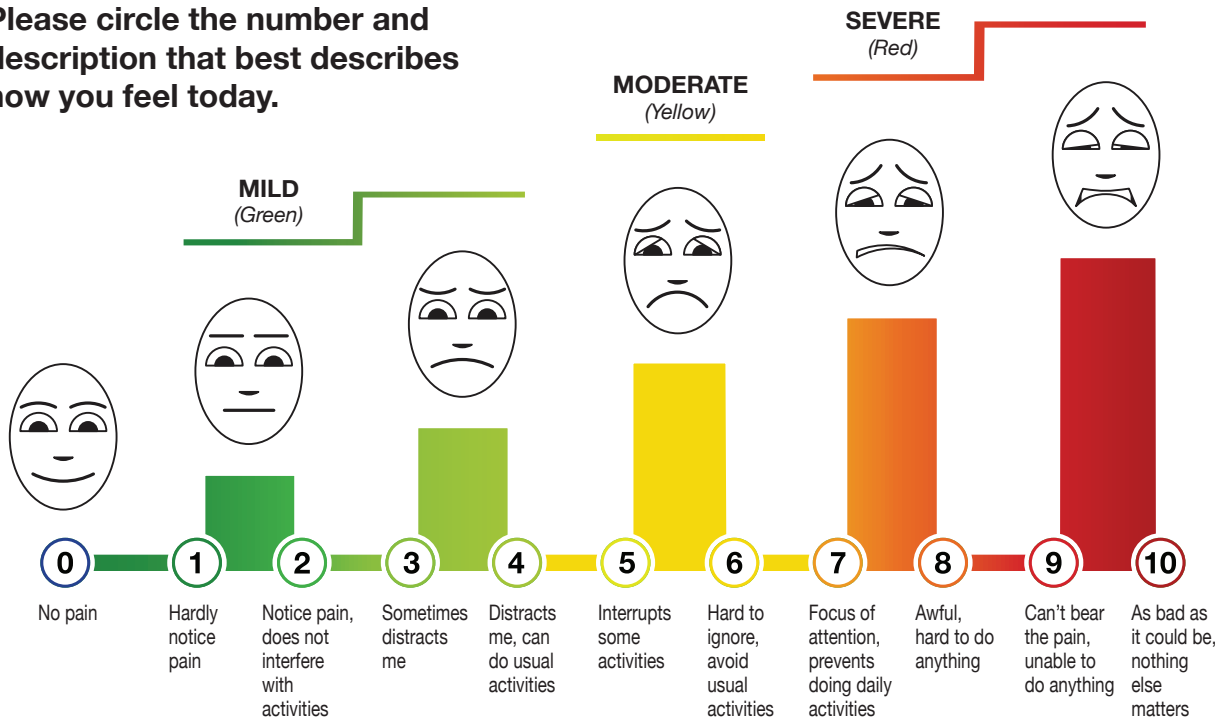
Life-Support Activities: This category refers to basic life-supporting behaviors, such as eating, sleeping, and breathing.

No Disability: 0 1 2 3 4 5 6 7 8 9 10 :Worst Disability

Pain Rating Scale

Please complete and return

Please circle the number and description that best describes how you feel today.



v 2.0

1. Circle the one number that describes how, during the past 24 hours, pain has interfered with your **ACTIVITY**:

0 — 1 — 2 — 3 — 4 — 5 — 6 — 7 — 8 — 9 — 10
Does not interfere Completely interferes

2. Circle the one number that describes how, during the past 24 hours, pain has interfered with your **SLEEP**:

0 — 1 — 2 — 3 — 4 — 5 — 6 — 7 — 8 — 9 — 10
Does not interfere Completely interferes

3. Circle the one number that describes how, during the past 24 hours, pain has affected your **MOOD**:

0 — 1 — 2 — 3 — 4 — 5 — 6 — 7 — 8 — 9 — 10
Does not affect Completely affects

4. Circle the one number that describes how, during the past 24 hours, pain has contributed to your **STRESS**:

0 — 1 — 2 — 3 — 4 — 5 — 6 — 7 — 8 — 9 — 10
Does not contribute Contributes a great deal

*Reference for pain interference: Cleeland CS, Ryan KM. Pain assessment: global use of the Brief Pain Inventory. Ann Acad Med Singapore 23(2): 129-138, 1994.

Patient Signature: _____ Date: _____

Opioid Risk Tool (ORT)

Please complete and return

	Yes
Family history of alcohol abuse	<input checked="" type="radio"/>
Family history of illegal drugs	<input type="radio"/>
Family history of prescription drugs	<input checked="" type="radio"/>
Personal history of alcohol abuse	<input type="radio"/>
Personal history of illegal drugs	<input checked="" type="radio"/>
Personal history of prescription drugs	<input type="radio"/>
Between the ages of 16-45	<input checked="" type="radio"/>
History of preadolescent sexual abuse	<input type="radio"/>
History of attention deficit/hyperactivity disorder; obsessive compulsive disorder; bipolar disorder; schizophrenia	<input checked="" type="radio"/>
History of depression	<input type="radio"/>

Questionnaire developed by Lynn R. Webster, MD, to assess risk of opioid addiction.
Webster LR, Webster R. Predicting aberrant behaviors in Opioid-treated patients: preliminary validation of the Opioid risk tool. Pain Med. 2005; 6 (6):432

I have answered all of the questions in this packet truthfully and to the best of my ability. I understand and agree to adhere to the attendance, medication, and financial policies of the WVU Medicine Center for Integrative Pain Management.

Patient Signature: _____ Date: _____