

# Adam D Perler, DPM, FACFAS

Podiatric Medicine

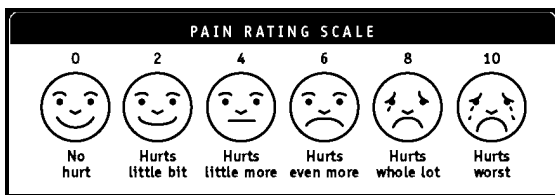
Foot and Ankle Reconstructive Surgery



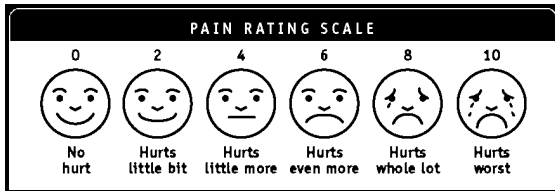
## Pain Survey - Please print and fill out completely

Patient Name \_\_\_\_\_ Today's date: \_\_\_\_\_

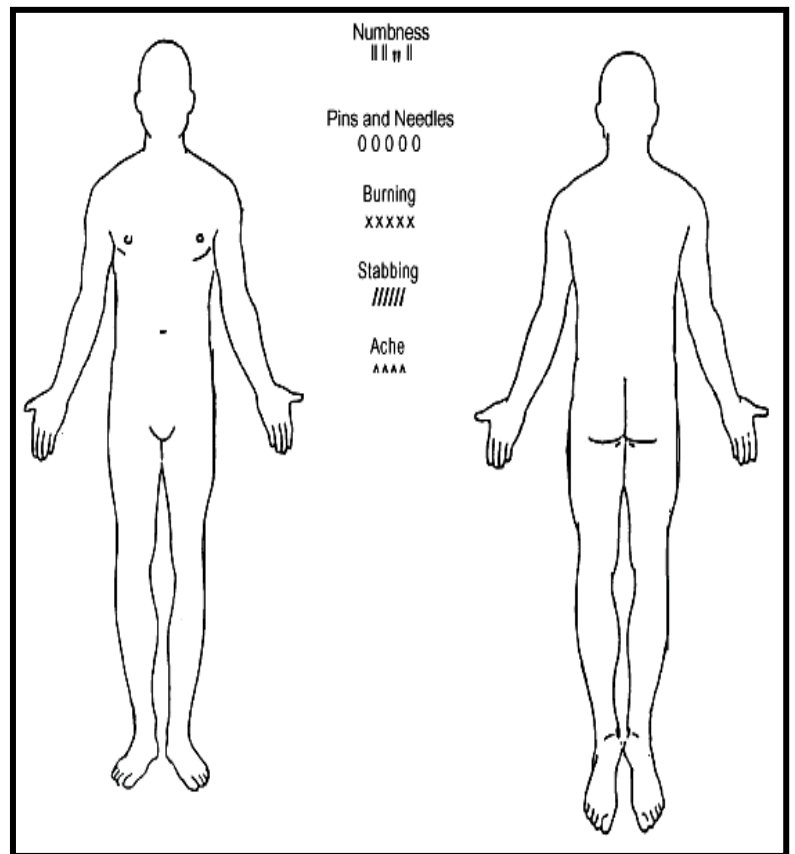
1) Please circle the face that shows your pain when it is at its best.



2) Please circle the face that demonstrates your pain when it is at its worst.



3) Where is your pain located? Please mark the areas of your body where you are feeling pain.



4) Please circle the word(s) that best describe your pain.

Aching	Throbbing	Shooting	Stabbing	Gnawing	Sharp	Tender
Burning	Exhausting	Tiring	Nagging	Penetrating	Numb	Miserable
Tingling	Prickling	“Wadded up sock feeling on bottom of foot”			Buzzing	

- 5) Is your pain  **Continuous** or  **Intermittent**. (Please check)
- 6) Please circle when the time of the day when your pain is at its worst.  
 **Morning**  **Afternoon**  **Evening**  **Night**
- 7) What makes your pain better? \_\_\_\_\_
- 8) What makes your pain worse? \_\_\_\_\_

***If the reason for your visit today is neuropathy, please take time and fill out the following.***

- 9) How long have you had neuropathy? \_\_\_\_\_
- 10) Who was the first doctor to diagnose you with neuropathy? \_\_\_\_\_
- 11) Are you, or have you taken neurontin?  **Yes**  **No**  
 Does it or did it help?  **Yes**  **No**
- 12) Please list any other medication that you currently take for your pain. \_\_\_\_\_  
 \_\_\_\_\_
- 13) Have you had an EMG or Nerve Conduction study? \_\_\_\_\_ If so, when? \_\_\_\_\_
- 14) Do you have Diabetes? \_\_\_\_\_ How long? \_\_\_\_\_  
 If yes... is it controlled with (check)  **Diet**  **Oral Medications**  **Insulin**
- 15) Have you ever been diagnosed with cancer?  **Yes**  **No**  
 If yes, did you have Chemotherapy? \_\_\_\_\_ When? \_\_\_\_\_ How many cycles? \_\_\_\_\_  
 Which chemotherapy medications were used? \_\_\_\_\_
- 16) Have you been exposed to heavy metals (arsenic, lead, mercury)? \_\_\_\_\_ If so, how? \_\_\_\_\_
- 17) Do you currently have any spine or back problems? \_\_\_\_\_ Have you had any back problems? \_\_\_\_\_  
 Have you ever had spine or back surgery? \_\_\_\_\_ Please describe... \_\_\_\_\_
- 18) Do you any problems with your balance? \_\_\_\_\_ Please describe... \_\_\_\_\_
- 19) Have you ever been diagnosed with carpal tunnel syndrome? \_\_\_\_\_  
 Did you have surgery? \_\_\_\_\_ Did it help your condition? \_\_\_\_\_