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ESTABLISHED 1947

INTERVENTIONAL PAIN MANAGEMENT

KEVIN T. TOLIVER, M.D.

DATE: _____

Dr. William Davidson

Type of Report: AOE/2nd opinion/Consult/QME

Interpreter _____ Company _____

Job Description

Name: _____ Age: _____ Right/Left Handed

Employer at the time of injury: _____

Job Title: _____

Number of hours per day? _____ How many days per week? _____

Basic work duties at the time of injury: _____

Estimate the amount of weight you lifted during the day: _____

Did you work somewhere else at the same time you worked for this employer? _____

If yes, what were your duties? _____

List places of employment for the last 10 years:

1) Employer _____ Position _____ How long? _____

2) Employer _____ Position _____ How long? _____

3) Employer _____ Position _____ How long? _____

History of Injury

Specific date of injury: _____

If there is no specific date of injury, when did you first begin to have problems? _____

Tell in your own words what happened: _____

Did you continue to work? _____

When did you report this injury? _____ To whom? _____

When did you **first** receive treatment? _____

Where did you receive treatment? _____

Did you have _____ X-rays? Medication _____ Injections _____ Therapy _____

List all physicians seen:

1) Dr. _____ Date seen: _____

Treatment given: _____ X-rays _____ Medication _____ MRI _____ Injections
_____ Splints _____ Physical therapy _____ times per week for _____ weeks

Did any treatment help? If yes, what helped? _____

What were you told was the problem? _____

2) Dr. _____ Date seen: _____

Treatment given: _____ X-rays _____ Medication _____ MRI _____ Injections
_____ Splints _____ Physical therapy _____ times per week for _____ weeks

Did any treatment help? If yes, what helped? _____

What were you told was the problem? _____

Did you return to work? If yes, when? _____

Are you working for the same employer? _____ If no, who is your present employer? _____

What are your new duties? _____

If you did not return to work when you were released, why? _____

List all dates you did **not** work.

From _____ to _____

List all dates you performed **light** duty.

From _____ to _____

When did you return to regular duty? _____

Since this injury, have you had any other injuries? _____

If yes, what body parts were injured? _____ Date of injury: _____

Was this work related? _____ If yes, describe all treatment and where you received the treatment: _____

Present Complaints

Are you presently having pain? If yes, list all areas where you are having pain.

1) _____ 3) _____

2) _____ 4) _____

Is the pain present all the time? _____

What activities cause pain? _____

What relieves your pain? _____

Does your pain radiate or travel? _____

Do you have numbness? _____; tingling? _____

Do you have swelling? _____; stiffness? _____

If you have a back problem, do you have loss of bowel or bladder control since the injury?: _____

On a scale of 1-10, with 10 being the worst, what is your pain now? _____

Past Medical History

Have you had **any** previous work related injuries? _____ If yes, describe in detail: _____

Have you had any injuries to the body parts involved in this claim in the past? _____
If yes, were these work related? _____

When did this occur? _____ If work related, did you receive a disability rating?
_____ If yes, what was the rating? _____

Medical History

Circle any and all conditions listed below that you have received treatment for in the past.

- Diabetes Heart Murmur High Blood Pressure Asthma
- Ulcers Lung Problems Kidney Problems Tumors/Cancer
- Arthritis

List previous surgeries and dates: _____

List present medications: _____

List any allergies to medications: _____

Family History (If significant to the present injury)

Social History

Education completed through: _____

Hobbies: _____

Since the injury, what hobbies have you not been able to do? _____

Do you smoke _____ How much per day? _____ How long? _____

Do you drink? _____ How much per day? _____ How long? _____

For Women Only

Do you think you might currently be pregnant?_If yes, when is your estimated date of delivery?_

Thank you for completing this form.