Medical Office Building

1100 Goethals Drive, Richland



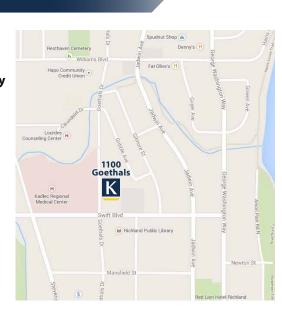
DIRECTIONS

From **I-182** Take **George Washington Way** (Exit 5B)

Turn left on Swift Boulevard

Turn right on **Goethals Drive** (third right)

1100 Goethals Drive is one block on the right





First Floor

Infectious Disease (509) 942-2360

Neuroscience Center (509) 942-3080

Second Floor

Ear, Nose and Throat (509) 942-3288

Endocrinology (509) 942-3288

Foot and Ankle (509) 942-3288

General and Colorectal Surgery (509) 942-3288

Nephrology (509) 942-3288

Urology (509) 942-32880

Tri-Cities Laboratory (509) 946-4887

Third Floor

Inland Cardiology (509) 942-3272

Cardiothoracic Surgery (509) 942-3095

Interventional Radiology (509) 942-3095

Pulmonology (509) 942-3095

Vascular Surgery (509) 942-3095

www.kadlecclinic.org

Your answers to this form will help your health care provider better understand your medical concerns and conditions. If you are uncomfortable with any question, do not answer it. If you cannot remember specific details, please provide your best guess. Thank you!!

Name:[Date of Birth:	Height:	Weight:
REFERRING PHYSICIAN: PRIMARY CARE/FAMILY PHYSICIAN:			
DRUG ALLERGIES: please list reaction		A (No known drug	
Type/Drug:			
Type/Drug:			
Type/Drug:	Reaction:		
PRESENT MEDICATIONS: (Please include any asp Not taking any medication at this time MEDICATION / DRUG NAME per day)	irin, over the counter vit DOSE (mg)	tamins, herbs and c	other supplements) FREQUENCY (times

Have you tried or been prescribed any of the following medications in the past for your pain?

 Steroids(e.g. Prednison Naprosyn (Naproxen) Tofranil (imipramine) Lexapro Paxil SOMA Zoloft (sertraline) Darvon / Darvocet Ultram / Ultracet Vicoden /Lortab /Norco 		 Ibuprofen (Motrin, Ad Desyrel (Trazadone) Lyrica Prozac Valium (Diazepam) Serzone (Nefazodon) Baclofen (Lioresal) Codeine/ Tylenol #3 Duragesic (Fentanyl) Dilaudid (Hydromorp) er you have had the 	e) or 4 Patch) hone)	Percocet/ F	Doxepin) Gabapentin) Inlafaxine) Clonezapam) (Buproprion) (Oxycodone) (Kadian /Avinza (Morphine) Percadan/ Tylox
 Anemia Acid Reflux (GERD) High Blood Pressure AIDS/HIV Hepatitis A/B/C Pneumonia Seizure Disorder SURGICAL HISTORY: 	 Heart Pulmo Other: 	Attack a ar Heart Beat Disease nary Embolus /DVT	 Diabe Arthri Strok Ostee 		 Kidney Failure Stomach Ulcers High Cholesterol Multiple Sclerosis Parkinson's Emphysema/COPD
DATE	TYPE OF SURGER	RY	HOSF	PITAL / CITY	

FAMILY HISTORY:			
Mother: Alive Deceased	Age (Now or at	Death)	
Cause of Death/Medical problems:			
Father: Alive Deceased Cause of Death/Medical problems:			
Cause of Death/Medical problems.			
Please indicate family members (parent, following conditions:	sibling, maternal or	r paternal grandparer	nt, aunt or uncle) with any of the
Cancer		Diabetes	
Beart Disease			
High Blood Pressure			ems
Malignant Hyperthermia		Brain Tumors	
Aneurysms			esthesia
Stroke		Uther	
SOCIAL HISTORY:			
Are you: Vorking Cccupation:			Modified Duty
□ Retired Previous occupation: _			
Disabled Previous occupation: _			
Years of education/highest degree:			
Marital Status:	Partner/Married	Divorced	Widowed Other:
Spouse/Partner's name: Number of children/ages:			
Is there a possibility you may h	e pregnant? Y	es No Ifves	, how many weeks?
Tobacco UseCigarettes:NeverFormeOther Tobacco:PipeCigarAre you interested in quitting?Alcohol UseDo you drink alcohol?No	□ Snuff □ Yes	□ Chew □ No	moker: Packs/Day# of years week
Type: Beer Wine Hard Is your alcohol use a concern for you o Drug Use	Liquor 🛛 M	ixed Drink	veen
Do you use any recreational drugs?		No 🗆 Yes	
Have you ever used needles to inject	drugs? 🛛 🗋 🛚	No 🗆 Yes	
Have you used in last year: Mari Other Street Drugs: 	juana 🛛 🖓	Amphetamines (Met	h, Speed) 🛛 Cocaine 🗆 Heroin
Describe the condition/pain problem for	or which you are be	eing seen:	
When did your condition start or when	did you first notice	e your pain?	
When did you first see a doctor for you	ur condition/pain?		
Have you ever had a similar condition,	/pain before?	🗆 No 🗆 Yes-ple	ease describe
	dition / a circ h c crim O		
Under what circumstance did your cor Following illness/surgery Reason Accident/Injury (not work reason Accident/Injury (work related	on unknown		Claim #
□ Following illness/surgery □ Reaso	on unknown		Claim #
-	on unknown		Claim #

Since your pa	in began, has	it:		eased		🗆 De	creased		Sta	ayed the same
Typically, how SIT:	long can you Less than 45-60 minu	15 minut		□ 15-	DNE an: 30 minu hours		nly for ea	□ 31	-45 min	utes n 2 hours
STAND:	□ Less than□ 45-60 mint		tes		30 minu hours	utes			-45 min lore thar	utes n 2 hours
WALK:	□ Less than□ 45-60 minu		tes		30 minu hours	utes			-45 min lore thar	utes n 2 hours
Circle the app			e followi	ng sca	les					
No Pain	ain at its WOF 1 rable Pain	2	3	4	5	6	7	8	9	10
No Pain	ain at its LEA: 1 rable Pain	ST seve 2	re 3	4	5	6	7	8	9	10
No Pain Unbea	ain as it USU/ 1 rable Pain	2	3	4	5	6	7	8	9	10
No Pain	ain at the PRE 1 rable Pain	SENT ti 2	ime 3	4	5	6	7	8	9	10
What time of c Morning, or Bedtime Pain is alwa	n arising		LateNight	nt (duri	•	al sleepi	□ Af ing hours any part			Evening
 Which statement best describes your pain? Always present, always the same intensity Always present, intensity varies Usually present-short periods without pain Often present-but have pain-free periods lasting one to several hours Occasionally present-but am pain-free for most of the day Occasionally present for brief periods, a few seconds to a few minutes Rarely present-have pain every few days or weeks 										
Would you de Burning Sharp Other	scribe your pa □ Acł □ Tig	ning	elect all	-	robbing		□ Sho □ Stal	•		Electrical
 Do you have (Select all that apply) Numbness Increased sensitivity to touch Muscle spasms, tightness Skin color changes Loss of bowel or bladder control 										
Do any of the following make your pain feel worse? (Select all that apply)Coughing, sneezingWalkingSittingPhysical activityStandingSexual activityLying down Other										

Do any of the followinRelaxationSexual activityCold	WalkingLying down 	□ Sitting Alcoholic drinks	Physical aHeat	ctivity 🛛 Standing	
Does pain interrupt yo Not at all Three times per nig		Once per night More than three tin	□ Tw nes per night	ce per night	
Have you had nerve b When was your last b How did the blocks af	lock? fect your pain?	Made the pain wo	orse	o was the doctor: ile How long?	
Check what n Physical Therapy Massage Therapy Chiropractic Treatment Acupuncture Hot/Cold Therapy NSAID's (Aspirin, Ibupro Biofeedback T.E.N.S (Electrical Stim Bed Rest Traction Osteopathic Treatment Psychotherapy /Counse Other:	ofen, Naproxen) ulation) ling	 Helped Helped Helped Helped Helped Helped Helped Helped Helped 	Did nu Did nu	ot help ot help ot help ot help ot help ot help ot help ot help ot help ot help	
Leaning FORWARD	makes my pain:	□ better	□ worse	□ no change □ not sur	e
Leaning BACKWARI) make my pain:	□ better		□ no change □ not sur	е
Does your pain travel	anywhere?	🗆 no	□ yes	Where?	_

Please Check all that apply

CONSTITUTION

- □ Activity Change
- □ Appetite Change
- □ Chills
- □ Fatigue
- Fever
- Unexpected Weight Change

HENT

- Neck Pain
- □ Hearing Loss
- ☐ Tinnitus
- □ Sinus Pressure
- Dental Problems
- Drooling
- □ Mouth Sores
- □ Trouble Swallowing
- □ Voice Change

Eye Pain

EYES

- □ Eve Redness
- Photophobia
- □ Visual Disturbance

RESPIRATORY

- □ Cough
- □ Shortness of Breath
- CARDIOVASCULAR
 - Chest Pain
 - □ Leg Swelling
 - Palpitations

GI

- Abdominal Pain
- □ Constipation
- Diarrhea
 - Nausea
 - □ Vomiting

GENITOURINARY

- □ Difficulty Urinating
- Dysuria
- □ Frequency

MUSCULOSKELETAL

- □ Arthralgia's (Joint Pain)
- Back Pain
- Gait Problem
- □ Joint Swelling
- □ Myalgia's (Muscle Pain)

HEMATOLOGIC

NEUROLOGICAL

□ Facial Asymmetry

□ Light-headedness

□ Speech Difficulty

□ Syncope (Fainting)

Dizziness

□ Headaches

Numbness

Seizures

□ Tremors

Weakness

□ Bruises/Bleeds Easily

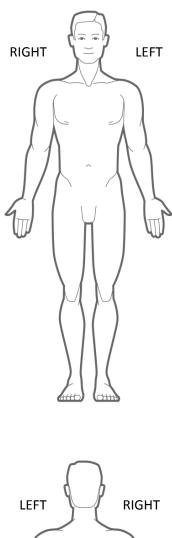
PSYCHIATRIC

- Agitation
- □ Confusion / Memory Loss
- Decreased Concentration
- □ Dysphonic (Changing) Mood / Depression
- Hallucinations
- □ Nervous/Anxious
- □ Sleep Disturbance

SKIN

Rash

Indicate your areas of pain by shading on this diagram.

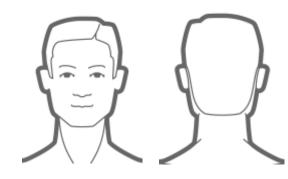
















LEFT