

BEHZAD EMAD, M.D.
Qualified Medical Evaluator
Certified, Subspecialty of Pain Medicine
Diplomate, American Board of Electrodiagnostic Medicine
Diplomate, American Board of Physical Medicine and Rehabilitation



5757 Wilshire Blvd., Suite 500
Los Angeles, CA 90036
Phone: 323.932.9880
Fax: 323.932.9829
www.southlandinjurymedicalcenter.org

PATIENT QUESTIONNAIRE

1. PREVIOUS TREATMENT

- a) Have you ever had an epidural shot? Yes No
- b) Have you ever had surgery on your spine? Yes No

2. PAST MEDICAL HISTORY (Please put a on the line in front of any of the problems below you might have had or now have)

- | | |
|--|--|
| a) <input type="checkbox"/> Diabetes | i) <input type="checkbox"/> Seizures |
| b) <input type="checkbox"/> Hypertension (high blood pressure) | j) <input type="checkbox"/> Alcohol / Drugs |
| c) <input type="checkbox"/> Heart attack or heart problems | k) <input type="checkbox"/> Bowel incontinence |
| d) <input type="checkbox"/> Cancer | l) <input type="checkbox"/> Bladder incontinence |
| e) <input type="checkbox"/> Psychiatric problems | m) <input type="checkbox"/> Sleep problems |
| f) <input type="checkbox"/> HIV | n) <input type="checkbox"/> Tobacco use |
| g) <input type="checkbox"/> Infection of _____ | o) <input type="checkbox"/> Artificial organ _____ |
| h) <input type="checkbox"/> Bleeding tendencies | p) <input type="checkbox"/> Implanted device _____ |

3. MEDICATIONS YOU ARE TAKING (Please put a on the line in front of any of the medications below you are now taking)

- a) Aspirin _____
- b) Anti-inflammatories (non-steroid) - Examples: Advil, Motrin, or others _____
- c) Blood thinners - Example: coumadin _____

4. ARE YOU ALLERGIC TO:

- a) Steroids Yes No
- b) Local anesthetics Yes No
- c) Dyes that are injected Yes No
- d) Betadine Yes No
- e) What other medication(s), if any, are you allergic to? _____
- _____

SIGNATURE

PRINT NAME

____/____/____
DATE