Portland
NEUROSURGERY
JEFFREY P. JOHNSON, M.D., FACS
Physician & Surgeon
CARMEL D. WIMBER, PA-C

Providence St. Vincent Medical Center
9155 SW Barnes Road, Suite 836
Portland, Oregon 97225

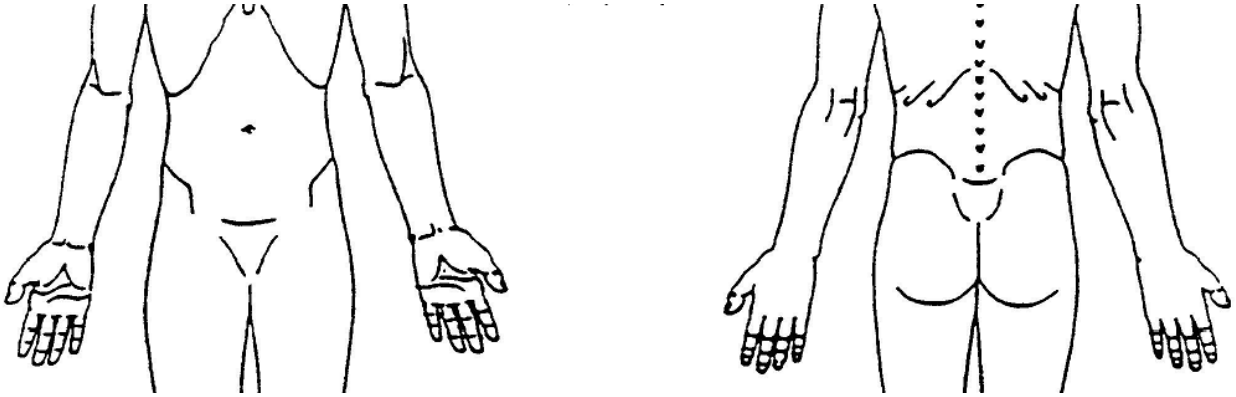
Phone: (503) 291-1960 | Fax: (503) 297-9195
TIN 93-0768280
www.portlandneurosurgery.com

Primary Problem Form – Peripheral Nerve

Briefly describe your symptoms

_____
_____
_____

If you have pain, or if pain was previously part of the problem, please indicate the location



Do you have **numbness** and/or **tingling**? ☐Yes ☐No

Do you have **weakness**, **loss of strength,** or **loss of dexterity**? ☐ Yes ☐No

How long have you had these symptoms? _____
Did the symptoms start as a result of an accident or incident? ☐ Yes ☐No
If so, please describe _____

What makes you pain or other symptoms worse? (Please check all that apply)

☐Night time
☐Lifting
☐Reaching
☐Driving
☐Pressure on wrist or elbow
☐Writing
☐Exercise
☐Work
☐Activity
☐Rest
☐Other _____

Please Complete Both Sides!

What other treatments have you tried for this problem? (Please check all that apply)

- ☐ Rest
- ☐ Ice/Heat
- ☐ Anti-inflammatory medications (e.g. aspirin, advil, ibuprofen, aleve, naproxen)
- ☐ Narcotic pain medications
- ☐ Muscle relaxants
- ☐ Physical Therapy
- ☐ Chiropractor
- ☐ Massage
- ☐ Acupuncture
- ☐ Injections
- ☐ Wrist splints or braces
- ☐ Other_____

Have you missed work because of these symptoms? ☐ Yes ☐ No

Please refer to the pain scale below

What is the **current** level of your pain? _____

What has been the **maximum** level of your pain? _____

Subjective Pain Scale		
	0	No pain. Feeling perfectly normal.
Minor Able to adapt to pain	**1 Very Mild**	Very light barely noticeable pain
	2 Discomforting	Minor pain, like lightly pinching the fold of skin
	3 Tolerable	Very noticeable pain, like a doctor giving you an injection
Moderate Interferes with many activities.	**4 Distressing**	Strong, deep pain, like an average toothache
	5 Very Distressing	Strong, deep, piercing pain, such as a sprained ankle
	6 Intense	Strong, deep, piercing pain like several bee stings
Severe Patient is disabled and unable to function independently.	**7 Very Intense**	Comparable to an average migraine headache
	8 Utterly Horrible	Comparable to childbirth or a real bad migraine headache
	9 Excruciating Unbearable	Pain so intense you cannot tolerate it and demand pain killers
	10 Unimaginable Unspeakable	Pain so intense you will go unconscious shortly.

Please Complete Both Sides!

Please Complete Both Sides!