

**KORUNDA PAIN MANAGEMENT**

4513 Executive Drive Naples Fl 34119

Phone (239) 591-2803 Fax (239) 594-5637

NAME: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current Address \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

Email: \_\_\_\_\_

**Social History:**

Marital Status; MARRIED/ SINGLE/ DIVORCED/ WIDOWED

Do you have any Children? YES/ NO How many? \_\_\_\_\_ Ages: \_\_\_\_\_

Seasonal Resident in \_\_\_\_\_ or; Full Time resident in \_\_\_\_\_

Are you currently employed? YES/ NO/ RETIRED

If yes; where are you employed? \_\_\_\_\_

If retired; where were you employed? \_\_\_\_\_

Past employment \_\_\_\_\_

Have you ever been in the military? YES/ NO

If yes; What branch and years? \_\_\_\_\_

Do you smoke cigarettes? YES/ NO/ PAST

If yes; How many packs per day? \_\_\_\_\_

If Past; When did you quit? \_\_\_\_\_

Do you Drink alcohol? YES/ NO/ IN THE PAST/ PAST HISTORY OF ABUSE

If yes; How often? REGULAR/ SOCIAL/ RARE

What type of alcohol? HARD LIQUOR/ WHITE WINE/ RED WINE/ BEER

How many drinks per sitting? \_\_\_\_\_

If Past history of abuse; When did you quit? \_\_\_\_\_

Did you attend AA? YES/ NO

Do you do any Recreational Drugs? YES/ NO/ PAST HISTORY

If yes; How often? REGULAR/ SOCIAL/ RARE

What type of Drugs? \_\_\_\_\_

Are you sexually active? YES/ NO

History of any of the following: (Please circle) Anxiety (Panic Attacks, acute stress, anxiety due to medication) Major Depression, Bipolar, Suicidal Thoughts, Borderline Personality Disorder, Schizophrenia, NONE, Other: \_\_\_\_\_

Hobbies; \_\_\_\_\_

**Family History:**

Father: Alive/ Deceased at age \_\_\_\_\_ Health: Diabetes Type I/ Type II , Hypertension, Cancer type \_\_\_\_\_, Other \_\_\_\_\_

Mother: Alive/ Deceased at age \_\_\_\_\_ Health: Diabetes Type I/ Type II, Hypertension, Cancer type \_\_\_\_\_, Other \_\_\_\_\_

**Siblings:**

Brother/s: # Alive \_\_\_\_\_ # Deceased \_\_\_\_\_ Health: Diabetes Type I/ Type II, Hypertension, Cancer type \_\_\_\_\_, Other \_\_\_\_\_

Sister/s: # Alive \_\_\_\_\_ # Deceased \_\_\_\_\_ Health: Diabetes Type I/ Type II, Hypertension, Cancer type \_\_\_\_\_, Other \_\_\_\_\_

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date