WELLNESS HISTORY

Please **CIRCLE** "YES" or "NO" (or mark as indicated) to answer each of the following questions:

Name: _____ Date: _____ D.O.B: _____

Insurance Provider: _____

1. Do you depend on controlled (opioid type) medication to manage a pain condition? YES / NO
   (Office Use: 304.00)
2. Have you ever experienced pain for which you sought help but could not find the cause? YES / NO
   (Office Use: 307.89)

3. Are you currently taking any of these medications?
   (Correlate possible ICD to response in #4)

_____ Prozac	_____ Zoloft	_____ Ambien	_____ Desyrel
_____ Xanax	_____ Sarafem	_____ Sexamil	_____ Cirpamil
_____ Luvox	_____ Aropax	_____ Cialis	_____ Viagra

4. Please check any of these conditions that you have been prescribed medication for in the last 12 months:

   _____ Depression   (Office Use: 311 or 300.4)
   _____ Anxiety   (Office Use: 300.00)
   _____ Panic   (Office Use: 300.01)
   _____ OCD   (Office Use: 300.3)
   _____ PTSD   (Office Use: 309.81)
   _____ Bipolar   (Office Use: 296.7)
   _____ Sleep Disorder   (Office Use: 307.42)
   _____ Eating Disorder   (Office Use: 307.50)
   _____ Erectile Dysfunction (Office Use: 302.72)

5. Please indicate any pain medications you have taken daily for more than 3 months:
   (Office Use: 304.01)

_____ Fentanyl	_____ Hydrocodone	_____ Hydrocodone	_____ Norco
_____ Oxycodone	_____ Morphine	_____ Avinza	_____ Exalgo
_____ Vicodin	_____ Dilaudid	_____ Hydromorpone	
_____ OxyContin	_____ Duragesic	_____ Other	

6. Have you been treated for tension or stress related headaches? YES / NO   (Office Use: 307.81)
7. Have you taken any prescription drug not prescribed to you?   YES / NO   (Office Use: 305.90)
8. Are you experiencing physical abuse? YES / NO   (995.81 + E code)
9. Are you experiencing emotional abuse? YES / NO   (995.82 + E code)
10. Have you used any of the following in the past year?
    _____ Marijuana   (Office Use: 305.20)
    _____ Hallucinogens (Office Use: 305.30)
    _____ Mushrooms   (Office Use: 305.30)
    _____ Cocaine   (Office Use: 305.60)
    _____ Meth / Crack   (Office Use: 305.70)

I have answered the questions honestly. **Patient Signature**_____

The Wellness History assists in the identification of existing conditions and diagnoses and the presence of drugs or substances, prescribed or otherwise, that may need to be considered for patient safety. This is not a diagnostic tool.