

Patient Name: _____ Age: _____ DOB: _____ Hand Dominance: Right Left

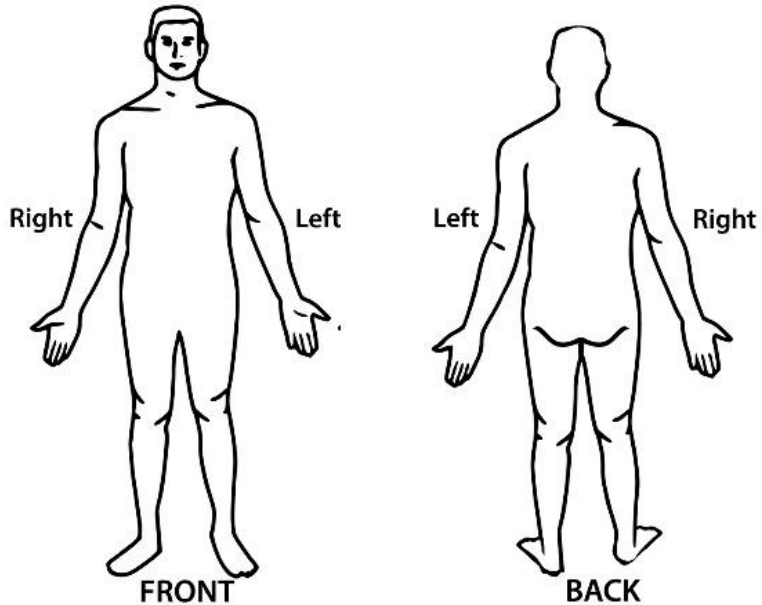
Chief complaint: _____

Date of injury: _____

When and how did this problem occur: _____

Use the symbols below to mark areas on the body where you feel that type of sensation:

KEY:	
===	numbness
^^^	ache
⊙⊙⊙	pins and needles
///	stabbing
XXX	burning
- - -	shooting
***	tingling


Pain Rating Scale

Please make an "X" on the line below that corresponds to the area of your body that you feel pain and its severity. Rate how much your pain hurts on an average day by placing the "X" along the line from "NO PAIN" on the left to "WORST PAIN I CAN POSSIBLY IMAGINE" on the right.

	NO PAIN ⬇									WORST PAIN I CAN POSSIBLY IMAGINE ⬆
Back Pain	1	2	3	4	5	6	7	8	9	10
Leg Pain	1	2	3	4	5	6	7	8	9	10
Neck Pain	1	2	3	4	5	6	7	8	9	10
Arm Pain	1	2	3	4	5	6	7	8	9	10

When do you experience pain? _____

What makes your pain worse? _____

What makes your pain better? _____

What daily activities does this problem affect? _____

Have you received any of the following for this problem?

-
- CT Scan
-
- MRI
-
- EMG
-
- X-Rays
-
- Injections
-
- Surgeries

Review of Systems: CHECK any symptoms or findings below that you have experienced recently:

None of the below listed symptoms

Constitutional: weight change weakness fatigue fever nausea

Eyes: vision problems double vision

ENMT: hearing problems dizziness sinus trouble sore throat ringing ears

Cardiovascular: shortness of breath chest pain leg swelling increased blood pressure

Respiratory: cough coughing up blood wheezing asthma

Gastrointestinal: trouble swallowing heartburn vomiting diarrhea blood or black tar stools

Genitourinary: pain with urination blood in urine urgency incontinence

Musculoskeletal: joint pain/stiffness cramps weakness loss of motion

Skin: rash lumps itching dryness hair changes nail changes

Neurological: fainting blackouts seizures paralysis weakness numbness memory loss
 headaches

Psychological: nervousness tension mood changes depression anxiety

Endocrine: heat or cold intolerance sweating thirst changes with hunger

Hematology: bruising bleeding transfusion reactions

Past Medical History

Allergies to medications/foods/chemicals? **No Allergies** _____

Medications: prescribed medications, over-the-counter medications (Advil, Motrin, etc.), vitamins, supplements.

Please include dosage and amount, if known: **No medications** _____

Medical Illnesses: CHECK those that you have been diagnosed with: **No medical illnesses**

Diabetes Asthma High Blood Pressure Heart Attack Sleep Disorders Stroke Stomach Ulcers

Cancer Heart Murmur HIV/AIDS Hepatitis Anemia Seizures Hyper/Hypo Thyroid

Osteoporosis Deep Vein Thrombosis Broken Bones Bowel or Bladder Incontinence Gout

Osteoarthritis or Rheumatoid Arthritis Other: _____

Injuries: Please include broken bones, concussion, motor vehicle accidents, falls, etc. **No injuries**

Surgeries: Please include dates. **No surgeries** _____

Family History of Medical Problems: CHECK those that apply: **No family history of medical problems**

Arthritis Back Problems Heart Problems Diabetes Cancer

Other: _____

Social History

Do you exercise? Yes No If yes, what type of exercise? _____

Occupation: _____

Hobbies/Interests: _____

Do you use tobacco, alcohol, or drugs? Yes No If yes, how often? _____

Please look over the below medication restrictions guide to ensure you have listed all medications on your New Patient History form.

Table 2 Medication Restrictions

DO NOT STOP ANY PRESCRIBED DRUG WITHOUT SPEAKING WITH A PHYSICIAN

Our goal is to help maximize your outcome from your stem cell procedure. Since this procedure involves the ability of your cells to repair tissue and the decade long Regenexx experience has seen that certain medications may interfere with your procedure, we have the following recommendations:

Stop all prescription medications and supplements that can be stopped. We recognize that some medications may not be safe to abruptly discontinue, so you need to check with your Regenexx doctor. He or she may have you contact the prescribing physician. For the medications listed below we recommend stopping for at least 2-4 weeks before and 6 weeks after your procedure. For all other medications, stop if able 1-2 weeks before, and 1-2 weeks after your procedure.

Exceptions for supplements (i.e. you can stay on these) include Glucosamine, Chondroitin, Collagen 2, Hyaluronic Acid, Fish Oil (omega 3s, EPA, DHA), DHEA, Curcumin, Quercetin, Bitter Melon, L-Carnosine, Vitamin C, Vitamin D, and Resveratrol.

These medications have been shown to be particular problems in our clinical experience or are suspected to be issues based on what is published in the medical research about their impacts on cells or stem cells.

DO NOT STOP ANY PRESCRIBED DRUG WITHOUT SPEAKING WITH A PHYSICIAN:

Medication	Examples	Stop Prior To Procedure (weeks)	Resume Post Procedure (weeks)	Notes
Anti-inflammatories	Singulair, Advair, Nasonex, Flonase	2-4	6	Includes some asthma medications
Certain Blood Pressure Drugs and Ace Inhibitors	Lisinopril, Benazepril	2-4	2-4	Your doctor can substitute an ARB
Immune Suppressant Drugs	cyclophosphamide, cyclosporine, Imuran,	3-6	6-8	
Non-steroidal Anti-inflammatory drugs (NSAIDs)	Advil, Alleve, Aspirins, Celebrex, Ibuprofen, Indocin, Indomethacin, Motrin, Naproxen	2-4	6-8	Blocks the body's natural ability to heal
Statins	Altacor, Advicor, Crestor, Caduet, Lescol, Lipex, Lipitor, Lipostat, Livalo, Mevacor, Pitava, Prevachol, Selektine, Torvast, Vytorin, Zocor	2-4	6-12	Generally for high cholesterol
Steroids or cortisone (in any form - oral, injections, inhaled, topical, drops)	Cortisol/Cortisone	12	6-8	VERY IMPORTANT. Suppresses the immune system's inflammatory and allergic responses
Testosterone Blockers	Propecia, Proscar	2-4	2-4	
Anti-Rheumatic drugs	Humira, Enbrel, Remicade, Rituxan, Orencia, methotrexate, plaquenil, sulfasalazine	2-4	4-6	
Non recommended supplements	over the counter supplements	1	1	Discuss with your Regenexx Doctor

Acetaminophen (Tylenol) may be taken as needed to relieve pain. Take 500mg every 6 hours and no more than 3000mg in one day. Opioids (Vicodin, OxyContin, Percocet) may be prescribed by your doctor to alleviate pain as well. Any prescription medication that can be stopped (after consulting with the prescribing physician), should be discontinued for 1-2 weeks before the procedure and at least 2-4 weeks post-procedure.