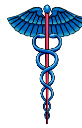


DESERT PAIN MANAGEMENT

MAHESH KUTHURU, MD
Board Certified

Pain Management
Anti Aging

PLEASE COMPLETE THE FOLLOW-UP FORM

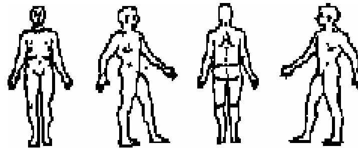
Patient Name: ____ Today's Date:_________________

What is your Chief Complaint? ____

What makes your pain worse? ____

What makes your pain better? ____

SHADE AREA OF PAIN/NUMBNESS/FUNNY SENSATIONS



Are you on any NEW medications? ___________ If yes, what are you taking:_________________________

Are there any NEW allergies? _______________If yes, what are they: __________________________________

PLEASE DESCRIBE YOUR PAIN (check those that apply)

□ Sharp ♦ □ Burning ♦ □ Achy ♦ □ Knife-like ♦ □ Pressure ♦ □ Toothache ♦ □ Twisting
□ Throbbing ♦ □ Pulsating

Rate your pain (on average) 0 is no pain and 10 is .the worst pain that will lead you to stay in bed

(-) 0 1 2 3 4 5 6 7 8 9 10 (+)

LIST YOUR CURRENT MEDICATIONS

____

____

____

REVIEW OF SYSTEMS (check those that apply)

Musculoskeletal: □ Joint pain ♦ □ Cramps ♦ □ Spasms ♦ □ Back ♦ □ Neck ♦ □ Sore muscles

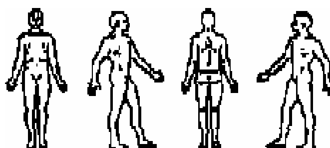
Neurological: □ Weakness ♦ □ Numbness ♦ □ Memory loss ♦ □ Pain in limb ♦ □ Choking
□ Bowel or bladder incontinence ♦ □ Speech changes

Cardiovascular/ Respiratory: Shortness of breath. ♦ □ Chest pain

Psychological: □ Depression ♦ □ Anxiety □ Irritability

Genitourinary: □ Pain with urination ♦ □ Urgency ♦ □ Hesitancy ♦ □ Blood in urine

PHYSICIAN USE ONLY



Mahesh Kuthuru, MD

291 N Pecos Rd Ste A Henderson, NV
Phone 702-684-6000 Fax 702-684-6002

6845 W Charleston Blvd Las Vegas, NV
Phone 702-240-8318 Fax 702-240-8331