

NEW PATIENT QUESTIONNAIRE – TIC/TRIGEMINAL

Patient Name: _____ Age: ____ Referred by: _____

B/P: _____ HR: _____ Resp: _____ Weight: _____ Height: _____

What is the primary complaint that brought you here today? .

As best as you can remember, when was the first episode of facial pain?

Have there been times since the onset of the pain that it has gone away spontaneously for a period of time?

Describe your pain: _____ Which side of the face? Left Right Both

Do you have "shock-like" pains?

How long do they last?

What do they feel like? Electric shocks? Burning?

What brings the pain on? Any relation to chewing, washing face, brushing teeth, or breeze?

If there is a trigger area, where is it located? Forehead, upper lip, nose, tongue, lower lip

Do you notice any numbness on your face?

Did you have a rash when your pain began?

What specialists have you seen?

What medications have you taken for this pain? Tegretol: Dilatin: Baclofen: Neurontin: Narcots: Darvocet

Did medication Help? Dose? Have you had an allergic reaction or any other side effects?

Are you experiencing any side effects from your medication at present?

Have you had any operations for your pain?

If so, Date: Surgeon: Procedure: Results from each one?

If you had numbness after a prior surgery, is that numbness still present?

Have you had any other neurological symptoms?

Multiple Sclerosis?

Tumors?