



670 Hawthorne Ave SE, Suite 150
Salem, OR 97302
(503) 371-1970

INTRODUCTION

We would like to welcome you to Mid-Valley Pain Clinic. Thank you for selecting our team. We are committed to providing you with the best possible health care.

To help us assess your current pain management needs, we would like you to complete the following forms. We know that we are asking you many questions, but we believe that it is important that you take the time to complete all pages. If you need help with the forms, please call us at 503-371-1970.

Our comprehensive questionnaires help us to determine the best diagnosis and treatment plan. As you progress through our program we will gather additional information so we can fully understand your pain.

Date: _____

Name: _____
First Middle Initial Last

Date of Birth: _____ Age: _____

Marital / relationship status (please circle one):

Married ~ Single ~ Divorced ~ Living with a partner ~ Widow ~ Engaged

Where do you live? _____

With whom do you live? _____

Are you employed outside the home? Yes No

If yes, what is your employment? _____

How are you supporting yourself financially now?

Work Family Disability Partner/Spouse Retirement

TANF Food Stamps Savings Student Loan

Other _____

Are you currently in the process of applying for disability? Yes No