



**CRPS /RSD Questionnaire  
For Ketamine Infusion Therapy**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_

AGE: \_\_\_\_\_ DOB: \_\_\_\_\_

PHONE: \_\_\_\_\_ SECONDARY PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

RELATIONSHIP TO PATIENT: \_\_\_\_\_

HOW DID YOU HEAR ABOUT OUR CLINIC? \_\_\_\_\_

CURRENT MEDICATIONS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ALLERGIES (Medications and/or food):

\_\_\_\_\_  
\_\_\_\_\_

ARE YOU CURRENTLY TAKING MAOI INHIBITORS: Selegiline (Emsam) Isocarboxazid (Marplan) Phenelzine (Nardil) Tranylcypromine (Parnate): \_\_\_\_\_

CURRENT AND PREVIOUS PSYCHIATRIC DIAGNOSIS:

\_\_\_\_\_  
\_\_\_\_\_

PREVIOUS SURGERIES: \_\_\_\_\_

PAST MEDICAL HISTORY: \_\_\_\_\_

ARE YOU CURRENTLY PREGNANT, BREAST FEEDING OR PLAN ON BECOMING PREGNANT IN THE NEAR FUTURE? \_\_\_\_\_

HOW LONG HAVE YOU HAD CHRONIC PAIN? \_\_\_\_\_

WHAT WAS THE INITIAL CAUSE OF YOUR PAIN? \_\_\_\_\_  
\_\_\_\_\_

HAS IT PROGRESSED? \_\_\_\_\_

HOW DO YOU DESCRIBE YOUR PAIN? \_\_\_\_\_  
\_\_\_\_\_

WHAT OTHER SYMPTOMS DO YOU HAVE (BURNING, SWELLING, SKIN CHANGES, LACK OF SWEATING, PAIN WITH LIGHT TOUCH)? \_\_\_\_\_  
\_\_\_\_\_

HAVE YOU HAD INTERVENTIONAL BLOCKS OR OTHER PROCEDURES, DID THEY HELP? \_\_\_\_\_  
\_\_\_\_\_

WHAT PARTS OF YOUR BODY ARE AFFECTED? \_\_\_\_\_

WHAT MEDICATIONS HAVE HELPED YOU IN THE PAST? \_\_\_\_\_  
\_\_\_\_\_

NAME ADDRESS & PHONE OF PRIMARY CARE DOCTOR: \_\_\_\_\_  
\_\_\_\_\_

HAVE YOU HAD BRAIN SUREGERY, TUMORS, OR BLOOD VESSEL MALFORMATIONS IN THE PAST? \_\_\_\_\_  
\_\_\_\_\_

DO YOU HAVE HIGH BLOOD PRESSURE? \_\_\_\_\_

WHAT MEDICINES DO YOU TAKE FOR BLOOD PRESSURE? \_\_\_\_\_

HAVE YOU EVER HAD OR CURRENTLY HAVE SEIZURES? \_\_\_\_\_

WHAT MEDICATIONS DO YOU TAKE FOR SEIZURES? \_\_\_\_\_

ARE YOU CURRENTLY TAKING NARCOTIC (OPIATE) PAIN MEDICATIONS, IS SO WHICH ONES? \_\_\_\_\_  
\_\_\_\_\_

ARE YOU CURRENTLY TAKING BENZODIAZEPINES OR MOOD STABILIZERS, IS SO WHICH ONES?

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