



Neurosurgical Associates, P.C.

Specializing in Spine & Cranial Surgery

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FACIAL PAIN QUESTIONNAIRE

Today's Date: _____

Date of First Visit with Dr. Sahni: _____

Name: _____

Home Address: _____ Day Phone: _____

City / State / Zip: _____

Last Name: _____ First _____ M.I. _____

Birthdate: _____ Age: _____ Sex: Male Female

1) Where is your facial pain located?

- Right
- Left
- Both Sides

2) Please choose ONE of the following ways to describe your pain:

- Sharp / Shooting Pain
- Dull, constant ache
- Pain only within your mouth

3) How many episodes of pain **per week** or **per month** do you experience? _____

4) What triggers your pain? _____

5) Have you experienced any weight loss? _____

6) When did you first experience this pain? Please be as specific as possible including month and year.

7) How many years did you suffer from facial pain before seeking treatment? _____

- 8) Have you had a recent dental procedure to try and alleviate this facial pain? Yes No
- 9) Who referred you to Dr. Sahni's office? _____
- 10) What type of doctor referred you? (ie. dentist, oral surgeon, primary care, etc) _____

- 11) Have you had any scans / tests performed? Yes No
- 12) Have you ever had a procedure by another physician try and alleviate this pain? Yes No
If so, describe these procedure and include the doctor's name if possible. _____

- 13) Have you ever been treated with medications to alleviate your facial pain? Yes No
- 14) Did the medications alleviate your facial pain? Yes No
- 15) How long did the medications alleviate your facial pain? (months) _____
- 16) Has Dr. Sahni performed any procedure / surgeries to try and alleviate your facial pain? Yes No
- 17) Why did you come to see Dr. Sahni today? _____

- 18) What is you pain level today? (0-100%) _____
- 19) Are you facial pain episodes less frequent than before your last procedure? Yes No
- 20) If so, how frequent are the pain attacks now? (ie. 0= Complete Relief, 1 per week, 4 per month, etc.)

- 21) Are you going to have another facial pain procedure performed? Yes No
Which one? _____

Please completed this question after you scheduled appointment