Conservative Treatment History Form (IPM)

There is significant value in conservative treatment. It is also important to document and for your provider to know your recent efforts before establishing further tests and or treatment.

The information in this form will capture conservative treatment history in the event **interventional pain management** needs to be requested. For other procedures, a different form might be needed.

Please type or print clearly. Processing may be delayed if information submitted is illegible or incomplete.

Today's Date:	Patient Name:	Date of Birth:

How long have you had these symptoms that bring you in today?	

Have you tried any of the following treatments?

Chiropractic care?	☐ **YES** ☐ **NO**

If yes to chiropractic care, please complete this section.

What was the month and year you started? _____ What was the month and year you had your last session? _____

How many sessions? _____ How do you feel after doing the therapy? ☐ **BETTER** ☐ **SAME** ☐ **WORSE**

Physical Therapy?	☐ **YES** ☐ **NO**

If yes to physical therapy, please complete this section.

What was the month and year you started? _____ What was the month and year you had your last session? _____

How many sessions? _____ How do you feel after doing the therapy? ☐ **BETTER** ☐ **SAME** ☐ **WORSE**

Physician recommended home exercises for this problem?	☐ **YES** ☐ **NO**

If yes to physician recommended home exercises, please complete this section.

What type of exercises? _____ Who gave you the exercise plan? _____

What was the month and year you started? _____ What was the month and year you had your last session? _____

How many times per week do you exercise? _____

Are you actively engaged in physical therapy, home exercise program or chiropractic therapy since the last injection?	☐ **YES** ☐ **NO**

If yes to the above, please describe your physical therapy, home exercise program or chiropractic therapy since the last injection.

Signatures

This completed, signed form will be part of the patient's medical record. When history of conservative treatment is required, this form or all information requested herein, should be supplied.

Patient	Provider