

Alison M. Acton, LMFT/EMDR Therapy

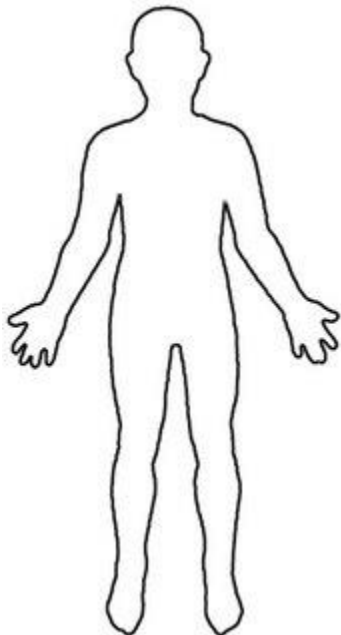
Chronic Pain Intake Information

Name: _____

Today's Date: _____

Description of the problem:

Where do you feel pain in your body?



How would you describe the pain? If it had a color what color would it be? (size, shape, temperature)

What's the pain like? What does it feel like? What does it remind you of?

How intense is the pain on a scale of 1 to 10 where 10 is the worse pain and zero is no pain?

How did the pain/physical discomfort start or what's your earliest memory of it?

When does the pain occur? (what triggers it)

Is the pain there all the time or does it come and go?

Is the pain associated with a medical diagnosis?

What treatments have you received and/or medications to address the problem? How effective have they been?

How has the pain affected your life?

Do you have any other problems (mental or physical) that might be connected to this pain?

List any coping strategies you have used to handle the pain:

Describe the following:

Your Family:

Your Occupation:

Trauma History: