

# Utah Spine and Joint Specialists - Injection Procedure Form

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Name \_\_\_\_\_ Date \_\_\_\_\_

Are you Diabetic? Yes No If yes, last checked blood sugar level? \_\_\_\_\_ When? \_\_\_\_\_

Current Blood sugar \_\_\_\_\_

(Females Only) Is there any chance of pregnancy? Yes No

Are you currently taking any blood thinners? Yes No If yes, which one? \_\_\_\_\_

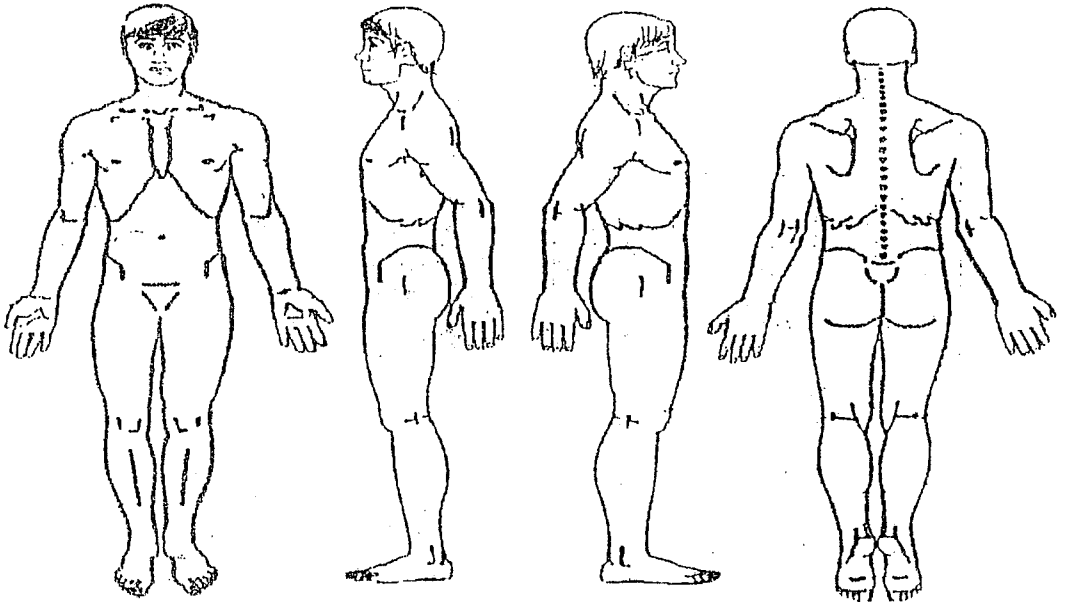
Do you have any allergies to any medications, x-ray contrast or dye, latex or bandages? Yes No

Please List \_\_\_\_\_

Please list current medications \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Using the symbols below please mark the areas on your body where you feel the sensations depicted by the symbols. Please use only the symbols listed.

Aching      Numbness      Pins and Needles      Burning      Stabbing      Other, please explain: \_\_\_\_\_  
^^^^      =====      OOOO      x x x x      ////      .....



Circle the number on each line below indicating the level of your pain.

(0 = No Pain)      0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10      (10 = Most Severe)