



Brain and Spine Center, P.L.C.

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General Questions

Patient Name: _____ DOB: ___/___/___ Date: _____

What is your primary complaint for your visit today? _____

Have you been evaluated recently for this complaint at a hospital? If so, which one and when?

Have you had any imaging completed as an outpatient in the last year for this issue?
Relevant images may include a CT (CAT scan), MRI, CTA (blood vessel imaging) or MRA.
Please also indicate which facility performed these tests (SMIL, EVDI, Marquis, AZ Tech)

This section is for patient's whose complaint is pain-related and may not apply to all other patients.

Are you under the care of pain management? If so, please provide the name of the physician as well as the name of the practice: _____

Have you completed physical therapy? _____ When did you last start therapy? _____

What medications have been tried so far (please list all prior medications prescribed for this complaint, even if you are not currently taking them)?

Hemant K. Pandey, MD