THE CENTER FOR AMPLIFIED MUSCULOSKELETAL PAIN SYNDROME

PATIENT INTAKE FORM

Patient Name _____ Age _____ Date of Birth _____

Parent/Guardian Name(s): _____

Home Address: _____

_____

Phone Number: _____ Email Address: _____

Primary Care Physician: _____ Phone #: _____

Referring Specialist: _____ Phone #: _____

Is this a referral from a CHOP physician? YES NO

Has your child been diagnosed with amplified musculoskeletal pain? _____

If not, what is your child's diagnosis or primary complaint? _____

Has your child's pain affected their ability to do any of the following?

Dress independently:	YES	NO	Toilet independently	YES	NO
Walk independently:	YES	NO	Socialize with peers	YES	NO
Feed independently:	YES	NO	Go to school	YES	NO

Is your child currently participating in Physical Therapy? YES NO

Is your child currently participating in Occupational Therapy? YES NO

Is your child currently participating in outpatient psychological counseling? YES NO

Our center wants to ensure that your child gets the best and most appropriate medical care possible. In order to determine the appropriateness of evaluation in our center, we require that the following information be sent us within 2 weeks of completion of this form:

- A medical summary or clinical summary letter is required from the referring primary care or physician specialist, as well as medical records from these visits.
- Copies of previously completed medical tests, radiology reports and lab reports from the referring physician or other specialist(s) only as they relate to your child's amplified pain problem.

NOTE: *If a primary care provider or specialist at Children's Hospital of Philadelphia referred you, you do* ***not*** *need to provide the above information.*

Please send this information to the AMPS Clinic Coordinator:

Email: AMPSprogram@chop.edu
Fax: 267-425-5700

Insurance Provider:

Primary _____

Secondary _____

Please include a front and back copy of your health insurance card.

Children's Hospital of Philadelphia®
Center for Amplified Musculoskeletal Pain Syndrome