

Key elements of the patient's history

Pain history: Ask about site, onset, radiation, character, distribution, aggravating/relieving factors, intensity, associated symptoms, duration and progression

A general systemic enquiry should follow this

Functional impact of pain: Activities of daily living, work, relationships, hobbies, exercise

Past medical history: Previous diagnoses and their current course, severity and treatment

Psychological history: Chronic pain and major depressive illness frequently coexist. Significant depression in patients with persistent pain is associated with decreased function, poorer treatment response and increased healthcare costs.⁴ Enquire about pre-existing mental illness including depression, anxiety and psychosis

Medication history: All current medication and all previous medication and therapies used to manage pain. e.g. TENS, acupuncture, osteopathy etc

Occupational history: Current work status, disability allowance, relationship with employers, physical demands of the job

Relationships: Marital status and relationships with family are important. Family history of illness. Support networks

Housing: This should include current residence, ability to perform activities of daily living and access to local amenities and the need for carers. Outstanding legal complaints

Risk factors for chronicity: Severe pain, multiple pain episodes, job dissatisfaction, abnormal pain behaviour and beliefs (catastrophisation, fear avoidance, hypervigilance), pre-existing mental health problems and poor support structure