



Dear Patient,

Thank you for your interest. My team offers several surgical procedures for patients diagnosed with the condition known as Trigeminal Neuralgia (TN).

Because surgery is not an option for all patients diagnosed with TN, we ask that you complete a questionnaire so that we can evaluate whether you may be a good candidate for a surgical procedure. Each questionnaire is personally reviewed by our neurosurgeons.

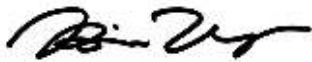
To complete the questionnaire, please:

- Open the PDF form and complete it by typing directly into the document.
- *Save* the form to your computer.
- Open your email account (Gmail, Yahoo, Outlook, etc.)
- Open a new email, address it to [DocBrianHwang@gmail.com](mailto:DocBrianHwang@gmail.com) and attach the completed PDF. Press send.

Our team does not specialize in prescribing medications for trigeminal neuralgia. If you are seeking medication options, we would be happy to provide contacts for neurologists or pain management physicians who offer this.

Thank you again for considering us for your care.

Sincerely,



Brian Hwang, M.D.

**TRIGEMINAL NEURALGIA QUESTIONNAIRE**

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Preferred Point of Contact for Scheduling: \_\_\_\_\_

Preferred Phone Number for Scheduling: \_\_\_\_\_

Preferred E-mail Address for Scheduling: \_\_\_\_\_

Medical Insurance: Name of Carrier \_\_\_\_\_

Membership ID# \_\_\_\_\_ Group# \_\_\_\_\_

Referring Physician: \_\_\_\_\_

Phone or Contact of Referring Physician: \_\_\_\_\_

**WHAT IS YOUR MAIN GOAL OF AN APPOINTMENT WITH THE TRIGEMINAL NEURALGIA SURGICAL TEAM?**

- 1. I would like a surgical procedure for my pain.
- 2. I am not sure if I am interested in surgery, but I have tried medication and would like to hear about the surgical options that may be available to me.
- 3. I do not have any interest in surgery. I am looking for medication options or non-surgical options.
  - a. If you are not interested in surgery, would you consider a clinical trial option with investigational medication? \_\_\_\_\_

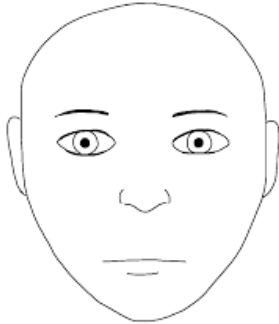
**LOCATION OF PAIN:**

Which side of your face is painful? \_\_\_\_\_

Does the pain ever cross from one side to the other side of your face? \_\_\_\_\_

Does the pain ever travel outside of your face (i.e. into your neck, behind your ear, or to the top of your head)? \_\_\_\_\_

Please describe the painful areas of your face, or draw or circle them on the diagram below:



**DESCRIPTION OF PAIN:**

Please select the words below that describe the type of pain you are having:

- Sharp                       Dull                       Electrical                       Throbbing
- Aching                       Burning                       Constant                       Intermittent
- Knife-like                       Shooting                       Numb

Of the types of pain you selected above, which one or two best describe the main component of your pain?

\_\_\_\_\_

Please select any of the options below that describe triggers for when your pain occurs:

- Brushing teeth                       Washing face                       Brushing hair                       Shaving face
- Wind                       Chewing                       Talking                       Smiling
- Light touch to face                       Weather changes
  
- My pain is always present                       My pain occurs randomly with no particular triggers

**PREVIOUS TREATMENT:**

Has another physician previously diagnosed you with trigeminal neuralgia? \_\_\_\_\_

Has another physician previously diagnosed you with atypical facial pain? \_\_\_\_\_

Which of the specialists below have you already seen for your facial pain?

- Neurologist       Pain Management Specialist       ENT  
 Neurosurgeon       Dentist/Oral Surgeon       No other specialists

When did your facial pain first begin? \_\_\_\_\_

What medications do you currently take to treat the facial pain? Please list name and current dose.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are these medications helping with your pain? \_\_\_\_\_

Are you experiencing side effects from these medications? \_\_\_\_\_

What medications have you previously tried to treat the facial pain? Please list name and the reason the medication is no longer taken (i.e. did not work, side effects, etc)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever had any procedures or surgeries for your facial pain?

Please list the type of procedure and dates:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever had an MRI of the brain to evaluate the trigeminal nerve? \_\_\_\_\_

If so, we ask that you send a copy of the report along with this questionnaire when you email it.

If you are scheduled for an appointment, we would like to review the MRI images. We ask that you bring a copy of the MRI disc to your appointment.

**OTHER IMPORTANT MEDICAL INFORMATION:**

Have you been diagnosed with multiple sclerosis? \_\_\_\_\_

Do you have a pacemaker or a history of heart conditions? \_\_\_\_\_

Do you take any prescription blood thinners? (examples: Coumadin/Warfarin, Eliquis, Plavix, Lovenox, Pradaxa, Xarelto) \_\_\_\_\_

Do you take aspirin (ASA, either 81mg or 325mg)? \_\_\_\_\_

Have you had any previous issues with anesthesia during prior surgeries? \_\_\_\_\_

\_\_\_\_\_

END OF FORM