



COMPREHENSIVE PAIN
MANAGEMENT SPECIALISTS

Dr. Victor L. Kovner FACP

Consultant in Palliative Care

15725 Pomerado Road, Ste 107

Poway, CA 92064

Phone (858) 453-7700 Fax (858) 947-3828

Initial Evaluation

Please answer the questions as well as you can. The answers will help us make the best use of our time together. If the question is not clear or does not apply to your problem, just skip it.

You and Dr. Kovner will explore your understanding of your illness and your preferences for treatment. Dr. Kovner will focus on relieving discomfort and your own physician will continue treating the illness causing your distress.

Please bring all your medications with you to your appointment

Name: _____ DOB: ____/____/____

Referring Physician(s): _____

Name and relationship of person completing the form unless you did yourself _____

I. What is your understanding of your illnesses?

II. How has the illness (or illnesses) interfered with your life and activities?

III. How has your illness affected your care givers?
