



Brian A. Lemper, D.O.  
Board Certified and Fellowship Trained in  
Pain Management

PATIENT CHECK-IN SHEET

PATIENT: \_\_\_\_\_  
DOB: \_\_\_\_\_  
DATE OF VISIT: \_\_\_\_\_

Allergies To Medications

Medication

Reaction

_____	_____
_____	_____
_____	_____

Medications (Current)

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Medications Intolerances

_____	_____
_____	_____
_____	_____
_____	_____

Spine Surgeries

Level

Date

_____	_____
_____	_____
_____	_____
_____	_____

Other Surgeries

Type of Surgery

Date

_____	_____
_____	_____
_____	_____
_____	_____

Patient Name \_\_\_\_\_