First Name:	Jean Claude					
	FEBERT	ID 7				2
Last Name:		City: Quebec				
Contact Date	4/4/2012	Year of Birt			th:	1944
Phone #1:	418 624 3746	Ger Ger				
Phone #2:	Best time			e to contact	?: day	
E-mail Address	:			Sourc	e: Le Journale De	Quebec
Have you experienced non-cancer chronic pain for the past 3 months?  If "YES" describe your pain:  in the back between the shoulder blades						
Do you currently have an active or pending pain claim? NO  Do you take medication for your pain?  YES						
What is your current pain management therapy?						
ratio oxycocet 1 pill/daily (5mg), every 6 hours if the pain is high						
☐ Duragesic (75 - 100ug/h daily)						
☐ Morphine (240 - 320mg daily) ☐ Hydromorphone (36 - 60mg daily)						
is your pain adequately controlled?NO						
Eligible for dosage increase?NO  Answered VES to any of the following: EXCLUSION						
Answered YES to any of the following: EXCLUSION  Have you had a nerve block injection within the last month?  YES						
					Screened By:	Mary-Line
Does not consent to a drug screen on first clinic visit?:				NO NO	Eligibility	NO NO
Any disease or condition affecting your bowels?:				NO	? Closest Site:	
Any major organ disfunction or psychiatric disorder?:  FEMALE PATIENTS: Pregnant, nursing or planning to be?:				NO NO	Comments:	n/a
Withdraws consent to send information to the site?:				NO		
withdraws cons	sent to send inforn	nation to the s	site?:	NO		