



Dear Patient,

Thank you for your interest in the Trigeminal Neuralgia Surgery Center at Johns Hopkins. Our team of neurosurgeons 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 TNSurgery@jh.edu and attach the completed PDF. Press send.

If we feel that we will *not* be able to assist in your care, we will provide an explanation and suggest other treatment options. 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.

You can learn more about the surgical options we offer by visiting our website at:
<https://www.hopkinsmedicine.org/neuro/TN>.

Thank you again for considering Johns Hopkins Trigeminal Neuralgia Surgery Center for your care.

Sincerely,

The Johns Hopkins Trigeminal Neuralgia Surgical Team

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? _____

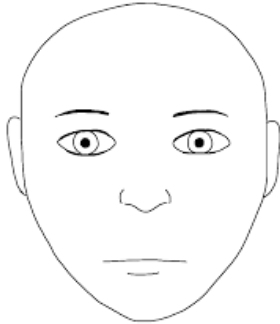
LOCATION OF PAIN:

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, or upload the images to us prior to the appointment per the directions below:

You will need a copy of your MRI disc along with a computer with internet access and a CD-ROM Drive. Please go to: <https://jhhsimagesharing.ambrahealth.com/>. Please select the blue box labelled "Upload images without an account". The website will guide you through the upload. Please confirm with the personnel scheduling your appointment that the upload was successful.

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? _____
