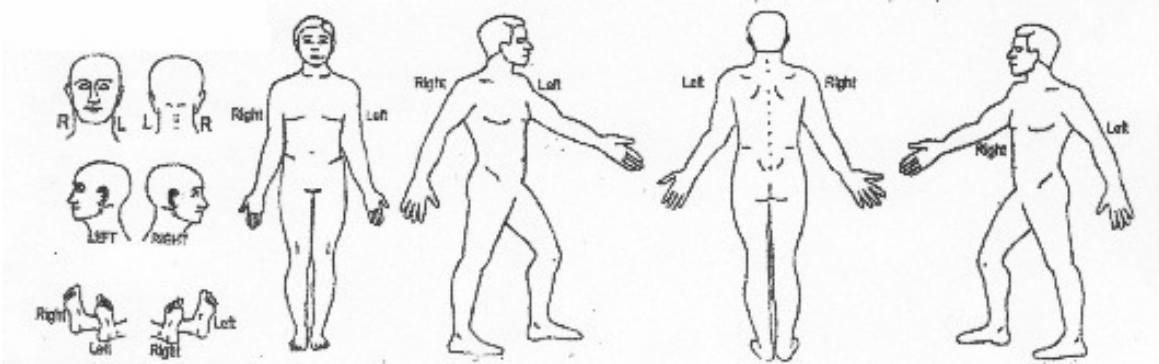


PAIN CARE PROGRESS NOTE

NAME: _____ DATE: _____

PAIN LOCATION: **Shade-in** painful area – **do not use x's** – use black or blue ink



Check words that describe your **pain**:

- | | | | |
|---------------------------------------|----------------------------------|------------------------------------|---------------------------------------|
| <input type="checkbox"/> Ache | <input type="checkbox"/> Burning | <input type="checkbox"/> Vibration | <input type="checkbox"/> Pins/Needles |
| <input type="checkbox"/> Cold | <input type="checkbox"/> Hot | <input type="checkbox"/> Pressure | <input type="checkbox"/> Numbness |
| <input type="checkbox"/> Sharp | <input type="checkbox"/> Throb | <input type="checkbox"/> Pull | <input type="checkbox"/> Stabbing |
| <input type="checkbox"/> Other: _____ | | | |

In the last 5 days, on a scale of 0 (no pain) to 10 (Worst imaginable pain), how bad is your pain?

Lowest: 0-1-2-3-4-5-6-7-8-9-10 Average pain: 0-1-2-3-4-5-6-7-8-9-10 At its worst: 0-1-2-3-4-5-6-7-8-9-10

Since your last visit is your pain: Much better Better Same Worse Much worse

Since starting treatment with Dr. Sajben, I have improved:

Side Effects:

10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

List **ALL pain and bowel medications** you are taking, **dose & # tabs per day** include Tylenol, aspirin, herbals, hormones, etc. (prescription and over-the-counter):

- | | |
|---|---|
| • | • |
| • | • |
| • | • |
| • | • |
| • | • |
| • | • |
| • | • |

IMPORTANT: PLEASE CIRCLE ALL MEDICATIONS THAT NEED TO BE REFILLED BEFORE YOUR NEXT VISIT.

I will not drive if any medication makes me sedated. _____ (please initial.)

Circle the one number in each category during the past week that describes **how pain has interfered with your**:

General activity:

Work (both outside the home & housework):

0-1-2-3-4-5-6-7-8-9-10

0-1-2-3-4-5-6-7-8-9-10

Fatigue: none mild moderate severe

Mood:

Relations with other people:

Drowsiness:

0-1-2-3-4-5-6-7-8-9-10

0-1-2-3-4-5-6-7-8-9-10

none mild moderate severe

Walking ability:

Sleep:

Enjoyment of life:

0-1-2-3-4-5-6-7-8-9-10

0-1-2-3-4-5-6-7-8-9-10

0-1-2-3-4-5-6-7-8-9-10