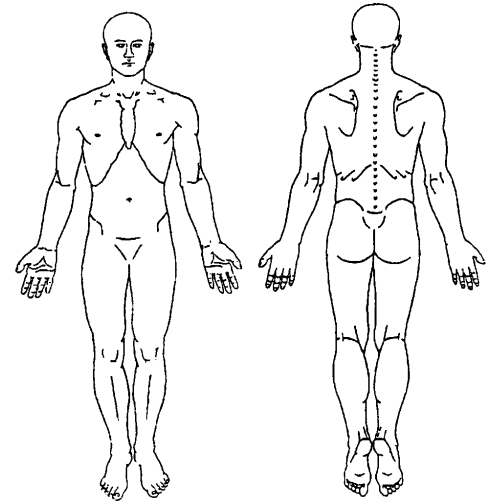


Rex Pain Management Center

patient identification

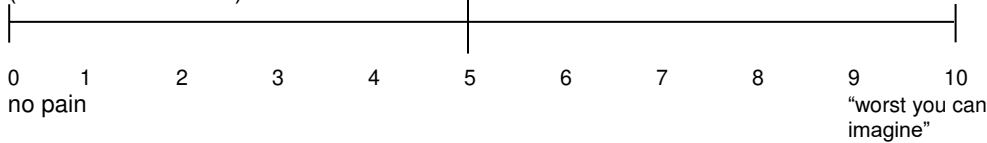
List in order of importance the areas of pain (include left/right)

right left left right



What number from 0-10 best describes your pain in the past week?

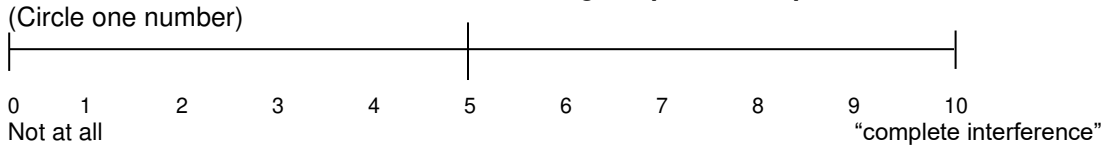
(Circle one number)



What number from 0-10 describes how, during the past week, pain has interfered with your enjoyment of life? (Circle one number)



What number from 0-10 describes how, during the past week, pain has interfered with your general activity? (Circle one number)



Describe your pain: (circle ALL that apply)

Throbbing Shooting Sharp Cramping Hot/Burning Aching Stabbing Other: _____

Things that make your pain **BETTER**: (circle ALL that apply)

Heat Cold Lying down Sitting Standing Walking Climate Fatigue Coughing Massage Alcohol Medication Other: _____

Things that make your pain **WORSE**: (circle ALL that apply)

Heat Cold Lying down Sitting Standing Walking Climate Fatigue Coughing Massage Alcohol Medication Other: _____

My pain treatments help me function better in the following aspects of my life: (circle ALL that apply)

General Activity Mood Walking Ability Work (Job/Home) Relationships with Others Sleep Enjoyment in Life
Other : _____

Changes in medical history/recent surgeries since last visit _____

Names of medication **REFILLS** needed to be written today:

Medication allergies: _____ Blood thinners currently taking: _____

Other Notes:

ROOM NUMBER: _____

- Patient needs an appointment for: Follow Up / Injection. Please schedule.
- Patient will follow up as needed. Charge for visit.
- Meds were e-prescribed. Prescription were printed, please give to patient

NEEDS:

- Instructions for next visit. (MD/NP/PA: type what kind of injection and level(s) of injection in F/U section!)
- UDS / Oral Swab
- Opioid Agreement (MD/PA/NP: Remember to sign it too!)
- Release of medical records from: _____
Type of records requested: _____
- Rx for Levorphanol / Nalocet written. Fax face sheet and last 2 notes to Home RX Pharmacy in Lumberton. Fax number 800-517-3254
- Radiology study ordered. Provide patient with a list of radiology facilities.
- Physical Therapy ordered. Print order and give to patient.
- Test / Labs ordered. Print order(s) and give to patient.
- Send patient to see Lytrese for referral to: _____

PROCEDURE DONE:

- Trigger point Injection
_____ 1-2 muscle groups _____ 3+ muscle groups _____ Bilateral
_____ ml 0.25% Bupiv _____ mg Dex _____ mg Depo Medrol _____ mg Kenalog
_____ ml Lido 1 % _____ ml 0.2% Ropiv
- Other procedure done: _____
_____ ml 0.25% Bupiv _____ mg Dex _____ mg Depo Medrol _____ mg Kenalog
_____ ml Lido 1 % _____ ml 0.2% Ropiv

OTHER INSTRUCTIONS: