## **Patient Pain and Medication Tracking Chart**

Name		ID#	ID#		Date		
Pain [							
				DOB			
					Gender M/F		
alcohol/d	<b>ns:</b> At the end of each day u drug use. This will be used by	your provider to prop	erly adjus			otain	
optimal I	penefit and to minimize risk to	your health and safet	y. Pain ¹	Function 2	# Hours	Alcohol or	
Date	Medications	Pills/day	(0-10)	(0-10)	Slept	Drugs used	
						1	
				+	1	+	
				+	<del> </del>	+	
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