MONTHLY CHRONIC PAIN ASSESSMENT

Patient Name:

PAIN MANAGEMENT PROVIDER:

CURRENT ANALGESIC REGIMEN

Total Oral Morphine Equivalent Per Day: mg

CHIEF COMPLAINT:

SUBJECTIVE

ANALGESIA:

1. Has there been any change to the location or character of your pain over the past month? [ ] Yes [ ] No
2. What was your pain level on average during the past week? /10
3. What was your pain level at its worst during the past week? /10
4. In the past week, how many times have you experienced your "worst" pain?
5. What percentage of your pain has been relieved during the past week, between 0% and 100%?
6. Is the amount of pain relief you are now obtaining from your current pain reliever(s) enough to make a real
difference in your life?
[ ] Yes [ ] No

5. QUERY TO CLINICIAN: Is the patient's pain relief clinically significant?
[ ] Yes [ ] No [ ] Unsure

ACTIVITIES OF DAILY LIVING:

1. Physical Functioning [ ] Better [ ] Same [ ] Worse
2. Family Relationships [ ] Better [ ] Same [ ] Worse
3. Social Relationships [ ] Better [ ] Same [ ] Worse
4. Mood [ ] Better [ ] Same [ ] Worse
5. Sleep Patterns [ ] Better [ ] Same [ ] Worse
6. Overall Functioning [ ] Better [ ] Same [ ] Worse

ADVERSE EVENTS:

Is the patient experiencing any side effects from current pain reliever(s)?
[ ] Yes [ ] No

ASK PATIENT about potential side effects:

a. Nausea [ ] None [ ] Mild [ ] Moderate [ ] Severe
b. Vomiting [ ] None [ ] Mild [ ] Moderate [ ] Severe
c. Constipation [ ] None [ ] Mild [ ] Moderate [ ] Severe
d. Itching [ ] None [ ] Mild [ ] Moderate [ ] Severe
e. Mental Cloudiness [ ] None [ ] Mild [ ] Moderate [ ] Severe
f. Sweating [ ] None [ ] Mild [ ] Moderate [ ] Severe
g. Fatigue [ ] None [ ] Mild [ ] Moderate [ ] Severe
h. Drowsiness [ ] None [ ] Mild [ ] Moderate [ ] Severe
i. Reduced Libido [ ] None [ ] Mild [ ] Moderate [ ] Severe
j. Other: [ ] Mild [ ] Moderate [ ] Severe
k. Other: [ ] Mild [ ] Moderate [ ] Severe

2. Patient's overall severity of side effects?
[X] None [ ] Mild [ ] Moderate [ ] Severe

POTENTIAL ABERRANT DRUG-RELATED BEHAVIOR:

1. Since your last visit, have you used your medications to get "high" or "feel good"?
[ ] Yes [ ] No
2. Since your last visit, have you used your medication to treat stress, anxiety, and/or depression? [ ] Yes [ ] No
3. Since your last visit, have you used more of your medication than you were supposed to? [ ] Yes [ ] No
4. Since your last visit, have you lost or had your medication(s) stolen?
[ ] Yes [ ] No
5. Since your last visit, have you gotten controlled substances from any other medical providers? [ ] Yes [ ] No
6. Since your last visit, have you been approached by anyone and offered to buy or sell drugs? [ ] Yes [ ] No
7. Since your last visit, have you had any alcoholic beverages? [ ] Yes [ ] No
8. Since your last visit, have you used any illegal and/or prescription drugs NOT prescribed to you? [ ] Yes [ ] No
9. Since your last visit, have you been arrested by the police? [ ] Yes [ ] No
10. Since your last visit, have you been abused in any way? [ ] Yes [ ] No
11. Do you have more than a 2 week supply of you controlled substances currently on-hand? [ ] Yes [ ] No

12. Do you have any other controlled substances left over from previous prescriptions currently? [ ] Yes [ ] No

Comments:

NON-PAIN RELATED MEDICAL HISTORY:

1. Non-Pain Related Medical Complaints/Follow-up:

2. Pertinent Medical/Social History:

OBJECTIVE

Physical examination findings go here

ASSESSMENT & PLAN

1.
2.
3.

Is your overall impression that this patient is benefiting (eg, benefits, such as pain relief, outweigh side effects) from opioid therapy?
[ ] Yes [ ] No [ ] Unsure

Comments:

SPECIFIC ANALGESIC PLAN: [ ] Continue present medication regimen; no changes
[ ] Adjust dose of present opioid analgesic
[ ] Switch opioid analgesics
[ ] Add/Adjust concomitant medication therapy
[ ] Discontinue/Taper off opioid therapy

Comments:

Pharmacy:

OTHER PAIN RELATED TREATMENT MODALITIES: [ ] Cognitive behavioral therapy
[ ] Psychotropic medication management
[ ] Under care of psychiatric medical practitioner
[ ] Physical therapy
[ ] Chiropractic manipulation
[ ] Referral For Expert Consultation

[ ] Imaging
[ ] Other:

Comments:

TREATMENT/PLAN FOR MEDICAL ISSUES UNRELATED TO PAIN: [ ]
Medication Management

[ ] Labs
[ ] Imaging
[ ] Referral
[ ] Patient Education
[ ] Other:

Comments:

Follow-up: 1 month

Established Patient;