

PCP: \_\_\_\_\_ consent: \_\_\_\_\_ name4, visit date/time: \_\_\_\_\_

PDMP check: \_\_\_\_\_ recent UDS: \_\_\_\_\_ QTc: \_\_\_\_\_

<b>Pain Characteristics</b>	Acute   chronic   MS   Neuropathic   Arthritic
<b>Location</b>	
<b>Severity, pain level</b>	
<b>Quality</b>	e.g., Stiff, tight, pressure, achy, dull, stabbing, shooting, tingling, numbness, radiating, crawling
<b>Temporal</b>	How and when did the pain started?
<b>Activity worsen pain</b>	
<b>Activity relieving/helping pain</b>	
<b>ADL, function</b>	Job etc. Limitation in activities
<b>Any changes in med?</b>	
<b>How do you take your pain med? Work/not work?  How many times did you miss? (adherence)  Meds out of VA?</b>	

<b>new SE?</b>	N/V	Dizziness	lightheadedness	drowsiness	excessive sedation	fatigue	GI upset
<b>New allergy? Reaction?</b>	constipation	diarrhea	peripheral edema	HA			
<b>Other strategy than meds?</b>	Herbal	OTC	Ointment	TENS	PT/OT	Acupuncture	Heat pack
	Brace	clutch	Wheelchair				
<b>Sleep/mood</b>							
<b>Social Hx Family Hx</b>	Smoking				living with:		
	Alcohol						
	Illicit drug use						
<b>Anything else or questions, requests</b>	"If you want to talk about any problem before appt, call us via the main line, ask for 'blue/red team' then ask for pain management team."						
<b>PMH relevant to pain</b>							
<b>relevant meds</b>							
<b>Relevant labs</b>							
<b>Imaging</b>							
<b>Past pain meds</b>							
<b>Established Allergy</b>							

