

INTERVENTIONAL PAIN MANAGEMENT

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PAIN LOG

Patient Name:

Date of Birth:

Physician Name:

Procedure:

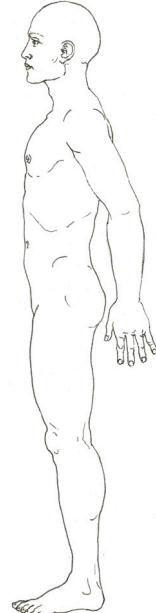
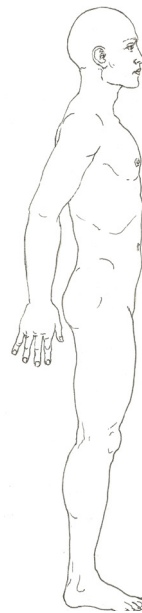
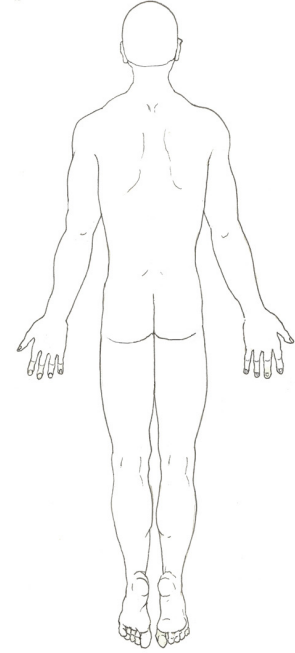
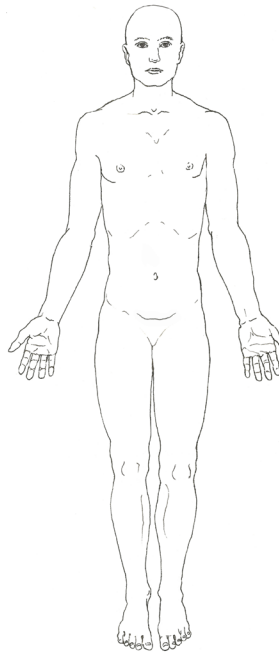
Procedure Date:

Procedure Time:

Pain Level (Circle) on a 0-10 scale. 0 being no pain.
10 being severe pain that would send you to the emergency room.

Draw all your areas of pain that your physician is performing the injection for. Label A, B, C, D.

Prior to procedure	A	0	1	2	3	4	5	6	7	8	9	10
	B	0	1	2	3	4	5	6	7	8	9	10
	C	0	1	2	3	4	5	6	7	8	9	10
	D	0	1	2	3	4	5	6	7	8	9	10
30 minutes after	A	0	1	2	3	4	5	6	7	8	9	10
	B	0	1	2	3	4	5	6	7	8	9	10
	C	0	1	2	3	4	5	6	7	8	9	10
	D	0	1	2	3	4	5	6	7	8	9	10
4 hours after	A	0	1	2	3	4	5	6	7	8	9	10
	B	0	1	2	3	4	5	6	7	8	9	10
	C	0	1	2	3	4	5	6	7	8	9	10
	D	0	1	2	3	4	5	6	7	8	9	10
1 day after	A	0	1	2	3	4	5	6	7	8	9	10
	B	0	1	2	3	4	5	6	7	8	9	10
	C	0	1	2	3	4	5	6	7	8	9	10
	D	0	1	2	3	4	5	6	7	8	9	10
2 days after	A	0	1	2	3	4	5	6	7	8	9	10
	B	0	1	2	3	4	5	6	7	8	9	10
	C	0	1	2	3	4	5	6	7	8	9	10
	D	0	1	2	3	4	5	6	7	8	9	10
1 week after	A	0	1	2	3	4	5	6	7	8	9	10
	B	0	1	2	3	4	5	6	7	8	9	10
	C	0	1	2	3	4	5	6	7	8	9	10
	D	0	1	2	3	4	5	6	7	8	9	10
2 weeks after	A	0	1	2	3	4	5	6	7	8	9	10
	B	0	1	2	3	4	5	6	7	8	9	10
	C	0	1	2	3	4	5	6	7	8	9	10
	D	0	1	2	3	4	5	6	7	8	9	10



Right

Left

2005-2009

PAIN LOG must be returned at your follow up appointment with your pain doctor.