

PAIN MANAGEMENT PRESENTATION FORM

PERTINENT MEDICAL HISTORY:	
ONSET:	
PRECIPITATING AND ALLEVIATING FACTORS	
PSYCHOSOCIAL FACTORS: (I.E. Family and social support network, cognition, etc.)	
QUALITY OF PAIN: (I.E. Shooting, Stabbing, Intermittent, Radiating, etc.)	
REGION AND RADIATION:	
SEVERITY:	

U – HOW IS THE PAIN AFFECTING THE PATIENT	
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RECOMMENDATION Do you think we should: (State what you would like to see done.) i.e. <ul style="list-style-type: none">○ Order an analgesic?○ Have assessment at Pain Clinic?○ Have assessment by physician?○ Order diagnostic tests?	
OTHER:	