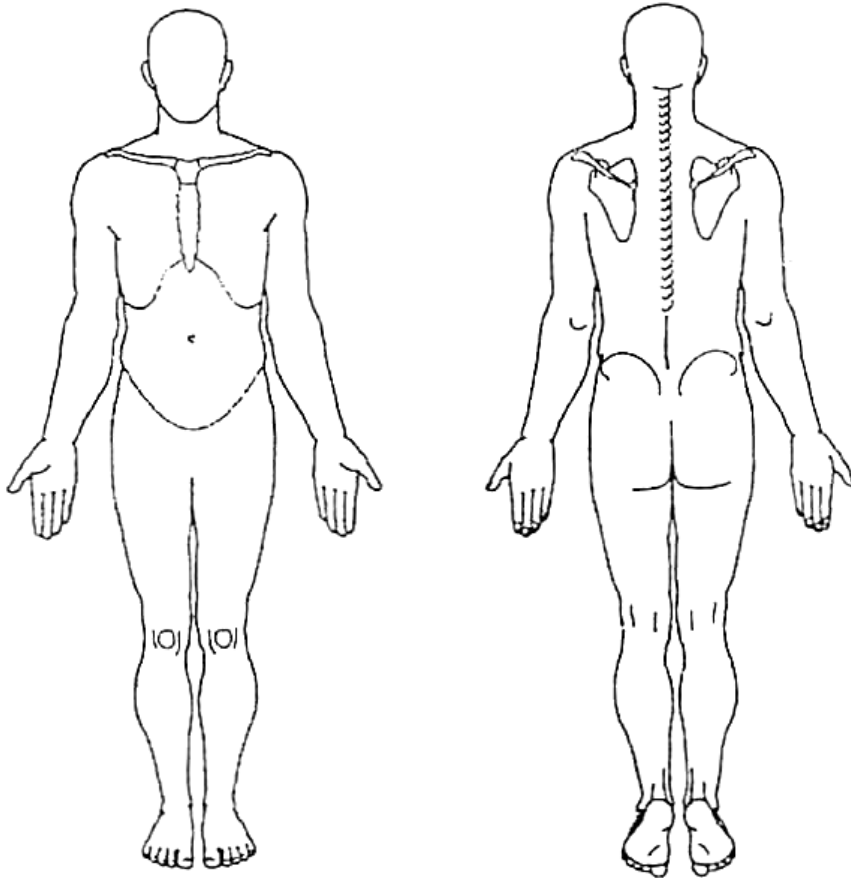


Southern Nevada Pain Center Follow-up

Name:

Date:

Please mark where your pain is today. You may indicate where it goes with an arrow:



How is your pain today? "0" is no pain at all, "10" is the worst pain.

Today: 0 1 2 3 4 5 6 7 8 9 10

Daily Average: 0 1 2 3 4 5 6 7 8 9 10

Describe your pain:

Aching	Stabbing	Tender	Nagging
Throbbing	Gnawing	Burning	Numb
Shooting	Sharp	Exhausting	Unbearable

What makes your pain worse? _____

Has there been any change in your medical status? _____

Has there been any change in your work status? _____

Are you taking any new medication since the last visit? _____

Since my last visit, I am: Better Same Worse

What treatments help you? _____

Which medication do you need a refill: _____