

INTEGRATIVE PAIN CENTER OF ARIZONA

PAIN LOG

Patient Name: _____ DOB _____

Procedure: _____ DOS _____

TIME	PAIN SCORE	ACTIVITY	PAIN MEDICATIONS	Comments
Pre-Block				
:00				
:30				
:00				
:30				
:00				
:30				
:00				
:30				
:00				
:30				
:00				
:00				
:00				
:00				
:00				

Pain Score: 0 means no pain, 10 means the worst possible pain.

Activity: write down whether you were walking, sitting, lying down, etc. In the 2 hours after the injection, please do activities that normally provoke your pain.

Bring your Pain Log with you to your next injection appointment.

Mail fax or drop off your Pain Log at the pain clinic.

If your pain goes away after your injection and does not come back, call the pain center and let your doctor know BEFORE your next appointment.

THE INTEGRATIVE PAIN CENTER OF ARIZONA
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