

PAIN LOG

Patient Name:

DOB

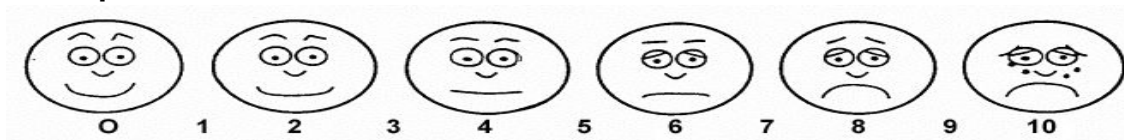
Procedure:

_____DOS

TIME	PAIN SCORE	ACTIVITY	PAIN MEDICATIONS	Comments
				Pre Block
				Post Block

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.



DON'T FORGET!

Mail, fax, email to: procedures@ipcaz.org or drop off a copy of this Pain Log to the Pain Clinic within one week, Attention: PROCEDURE SCHEDULER.

Bring your Pain Log with you to your next injection appointment