

**1 Patient Information**

**1 PATIENT DETAILS**

Name:	_____	Date of Service:	_____
DOB:	_____	Provider:	_____
Age / Sex:	_____	MRN:	_____
Visit Type:	_____	Pain Location / Laterality:	_____

**CC Chief Complaint**

**2 PRIMARY PAIN COMPLAINT**

Document the primary pain complaint in the patient's own words — location, laterality, and duration...

**S Subjective**

**3 PATIENT-REPORTED PAIN HISTORY & INTERVAL CHANGES**

**3a ONSET & CONTEXT**

Date of onset, mechanism, injury, surgery, chronic condition, or gradual development...

**3b PAIN LOCATION & RADIATION**

Primary pain site, laterality, radiation pattern, dermatomal distribution, or referred pain pattern...

**3c PAIN CHARACTER & SEVERITY**

Quality (sharp / burning / aching / shooting):	_____	Average Pain Score (0-10):	_____
Worst Pain Score:	_____	Progression (better / same / worse):	_____

**3d TIMING & PATTERN**

Constant, intermittent, episodic, activity-related, positional, nocturnal, or flare-based pattern...

**3e AGGRAVATING & RELIEVING FACTORS**

Aggravating Factors:	_____	Relieving Factors:	_____
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**3f FUNCTIONAL IMPACT**

Effect on sleep, mood, mobility, work, ADLs, exercise tolerance, and quality of life...

**3g PRIOR TREATMENTS**

PT, medications, injections, procedures, surgery, chiropractic, acupuncture, or behavioral interventions...

**3h MEDICATION USE & RESPONSE**

Current analgesics, opioid/non-opioid medications, effectiveness, side effects, adherence, and misuse concerns if applicable...

**3i PERTINENT NEGATIVES**

Denial of new weakness, bowel/bladder dysfunction, saddle anesthesia, fever, unexplained weight loss, trauma, infection signs, or progressive neurologic deficit...

**O Objective**

**4 MEASURABLE & OBSERVED FINDINGS**

**V VITAL SIGNS**

Temperature: \_\_\_\_\_  
Heart Rate: \_\_\_\_\_  
Oxygen Saturation: \_\_\_\_\_  
Pain Score: \_\_\_\_\_

Blood Pressure: \_\_\_\_\_  
Respiratory Rate: \_\_\_\_\_  
Weight / BMI: \_\_\_\_\_

**4a PHYSICAL EXAMINATION**

General Appearance: \_\_\_\_\_  
Palpation / Tenderness: \_\_\_\_\_  
Strength: \_\_\_\_\_  
Reflexes: \_\_\_\_\_  
Gait / Functional Testing: \_\_\_\_\_

Inspection of Pain Region: \_\_\_\_\_  
Range of Motion: \_\_\_\_\_  
Sensation: \_\_\_\_\_  
Provocative Tests: \_\_\_\_\_  
Skin / Procedure Site: \_\_\_\_\_

**RS Pain Risk & Safety Assessment**

**5 RISK FACTORS RELEVANT TO PAIN MANAGEMENT**

Opioid Risk Screening / Misuse Risk: \_\_\_\_\_  
Urine Drug Screen Results: \_\_\_\_\_  
Medication Interactions: \_\_\_\_\_

PMP Review (if applicable): \_\_\_\_\_  
Sedation / Falls / Overdose Risk: \_\_\_\_\_  
Depression / Anxiety / Substance Use: \_\_\_\_\_

Narrative risk summary if needed...

**L Lab & Imaging Results**

**6 REVIEWED DATA**

**6a IMAGING STUDIES**

X-ray, MRI, CT, ultrasound, fluoroscopy, or spine/joint imaging findings...

**6b LABORATORY STUDIES**

CBC, CMP, inflammatory markers, renal/hepatic function, toxicology, or medication monitoring labs...

**6c OTHER DIAGNOSTICS**

EMG/NCS, prior procedure reports, operative reports, or pain questionnaires...

**A Assessment**

**7 PAIN-FOCUSED CLINICAL INTERPRETATION**

Primary pain diagnosis or working diagnosis. Pain generator or suspected anatomical source. Acute vs. chronic pain status. Neuropathic, nociceptive, inflammatory, radicular, myofascial, or centralized pain features. Functional impairment and treatment response. Risk factors affecting medication or procedural management...

## P Plan

### 8 PAIN MANAGEMENT STRATEGY

#### 8a MEDICATION PLAN

Initiation, continuation, tapering, or discontinuation of analgesics...

#### 8b NON-PHARMACOLOGIC TREATMENTS

PT, exercise, behavioral therapy, weight management, heat/ice...

#### 8c INTERVENTIONAL PROCEDURES

Procedures planned or performed today — type, site, approach, guidance, medications used...

#### 8d MONITORING & SAFETY

Opioid agreement, PMP review, UDS monitoring, or risk mitigation plan if applicable...

#### 8e PATIENT EDUCATION & REFERRALS

Medication safety, activity modification, red flags. Referrals to specialists or multidisciplinary pain services...

## F Follow-Up

### 9 REASSESSMENT GOALS

Follow-up timeframe and purpose: \_\_\_\_\_

Pain control, function, medication response, safety monitoring, or procedure outcome...

### TIME DOCUMENTATION & BILLING

Total Time: \_\_\_\_\_ Counseling / Coordination Time: \_\_\_\_\_ E/M Level: \_\_\_\_\_ Procedure Code(s): \_\_\_\_\_

Basis for Billing: \_\_\_\_\_ Primary ICD-10 Code: \_\_\_\_\_

Secondary ICD-10 Code(s): \_\_\_\_\_

PHYSICIAN / PROVIDER NAME

SPECIALTY: PAIN MANAGEMENT

DATE

TIME