

**1****PATIENT INFORMATION****1 PATIENT DETAILS**

NAME

DOB

AGE / SEX

MRN / PATIENT ID

DATE OF SERVICE

PROVIDER

CREDENTIALS

REFERRAL SOURCE

VISIT TYPE: CONSULTATION / FOLLOW-UP / MEDICATION MANAGEMENT / PROCEDURE FOLLOW-UP / PALLIATIVE PAIN EVALUATION

CARE SETTING: OUTPATIENT / ONCOLOGY CLINIC / PAIN CLINIC / PALLIATIVE CARE CLINIC / INPATIENT / TELEHEALTH

PRIMARY ONCOLOGIST

PRIMARY CARE PROVIDER

PALLIATIVE CARE PROVIDER

CC**CHIEF COMPLAINT****2 PRIMARY CANCER PAIN CONCERN**

Primary cancer pain-related reason for the visit in the patient's own words — cancer-related pain, metastatic bone pain, neuropathic pain, post-surgical pain, chemotherapy-induced neuropathy, radiation-related pain, medication or opioid management, procedure evaluation, or pain interfering with function and quality of life...

S**SUBJECTIVE****3 PATIENT-REPORTED CANCER PAIN HISTORY****3a ONCOLOGIC CONTEXT**

Reason for evaluation (initial cancer pain evaluation / uncontrolled pain / medication optimization / opioid rotation / side effect management / interventional procedure / post-procedure follow-up / palliative or end-of-life pain control):

Cancer history (type, stage, metastatic status, sites of disease, current disease status, active treatment, prior surgery, radiation, chemotherapy / immunotherapy / targeted therapy, oncology team):

3b PAIN PROFILE

Location and distribution (exact site, laterality, radiation, focal vs. diffuse, relationship to tumor, metastases, surgical sites, radiation fields, neuropathic distribution):

Onset and course (onset, duration, progression, relationship to diagnosis or treatment, acute vs. chronic, breakthrough episodes, current trajectory):

Character and severity (aching / throbbing / sharp / stabbing / burning / shooting / electric / cramping / pressure / visceral / bone / incisional; current, best, worst, average and breakthrough scores):

Breakthrough pain (frequency, triggers, duration, predictability, severity, rescue medication use, time to relief, duration of relief, effect on function and sleep):

Aggravating and alleviating factors (movement, weight bearing, position, coughing, eating, bowel movements, procedures, treatment, rest, medications, heat/ice, radiation, nerve blocks, bracing):

3c SYMPTOMS, TREATMENT & CONTEXT

Associated symptoms (numbness, tingling, weakness, allodynia, hyperalgesia, swelling, lymphedema, fatigue, nausea, constipation, sedation, anorexia, dyspnea, anxiety, depression, insomnia):

Functional impact (walking, transfers, self-care, work, sleep, appetite, mood, family interaction, treatment participation, ADLs, mobility, quality of life):

Current analgesic regimen and response (opioids, non-opioids, neuropathic agents, steroids, muscle relaxants, topicals, cannabinoids if disclosed, adjuvants; scheduled vs. PRN, adherence, effectiveness, side effects):

Opioid use and safety history (dose, frequency, breakthrough use, tolerance, adverse effects, falls, respiratory risk, naloxone availability, safe storage, refill pattern, PDMP review, UDS, opioid agreement):

Cancer treatment-related pain (post-surgical, chemotherapy-induced peripheral neuropathy, radiation fibrosis, mucositis, GVHD, immunotherapy-related, lymphedema, aromatase inhibitor arthralgia):

Prior pain treatments (palliative radiation, surgery, nerve blocks, epidural / intrathecal therapy, vertebral augmentation, ablation, spinal cord stimulation, PT, palliative care, integrative therapies):

Relevant medical history (renal, hepatic, respiratory disease, sleep apnea, constipation, obstruction risk, thrombocytopenia, neutropenia, anticoagulation, infection risk, cognition, substance use, psychiatric history):

Psychosocial and goals-of-care context (patient goals, symptom priorities, quality-of-life concerns, caregiver support, advance care planning, hospice involvement, distress, spiritual concerns, barriers to care):

Recent testing and oncology updates (imaging, labs, tumor markers, oncology and radiation oncology visits, surgical notes, hospitalizations, emergency visits, medication or treatment plan changes):

Pertinent negatives (uncontrolled severe pain, new neurologic deficit, bowel/bladder dysfunction, saddle anesthesia, pathologic fracture concern, cord compression symptoms, fever, confusion, oversedation, respiratory depression, acute abdomen):

ROS CANCER PAIN REVIEW OF SYSTEMS

4 PERTINENT POSITIVES & NEGATIVES

Cancer-related pain, bone pain, neuropathic pain, visceral pain or post-surgical pain

Numbness, tingling, weakness, gait difficulty, falls or neurologic deficit

Breakthrough pain, sleep disruption, fatigue, appetite or weight change

Nausea, vomiting, constipation, obstruction symptoms or abdominal distension

Dyspnea, sedation, confusion, dizziness or respiratory symptoms

Anxiety, depression, distress, coping difficulty or quality-of-life concerns

Medication side effects, opioid-related adverse effects or adherence barriers

Fever, infection symptoms, bleeding/bruising or treatment-related complications

O

OBJECTIVE

5 OBSERVED FINDINGS

V VITALS

TEMPERATURE

HEART RATE

OXYGEN SATURATION

WEIGHT

PAIN SCORE

BLOOD PRESSURE

RESPIRATORY RATE

HEIGHT

BMI

PERFORMANCE STATUS

General appearance (distress, cachexia or nutritional appearance, fatigue, mobility, pain behaviors, alertness, ability to participate, overall condition):

Cardiovascular and pulmonary (rate, rhythm, perfusion, edema, lymphedema, breath sounds, work of breathing, oxygen requirement, respiratory risk relevant to opioid use):

Abdomen (tenderness, distension, bowel sounds, ascites, hepatomegaly, masses, ostomy status, constipation or obstruction concern):

Musculoskeletal (focal bony or spinal tenderness, joint tenderness, deformity, ROM, pathologic fracture concern, gait, mobility aids, functional limitation):

Neurologic (mental status, sedation level, strength, sensation, reflexes, gait, focal deficits, neuropathy, radicular signs, cord or nerve compression concern):

Skin and procedure sites (surgical scars, radiation skin changes, wounds, port site, procedure site, infection signs, bruising, pressure injury):

Psychiatric / behavioral (mood, affect, anxiety, distress, coping, cognition, ability to follow medication instructions):

PH

CANCER PAIN CLASSIFICATION / PAIN PHENOTYPE

6 PAIN TYPE & CONTRIBUTORS

Predominant pain type (nociceptive somatic / visceral / neuropathic / bone metastasis-related / tumor compression or invasion / treatment-related / post-surgical / radiation-related / CIPN / breakthrough / mixed):

Non-cancer chronic pain contribution, functional contributors and psychosocial contributors:

MS

MEDICATION / OPIOID SAFETY ASSESSMENT

7 ANALGESIC SAFETY REVIEW

CURRENT OPIOID REGIMEN

TOTAL DAILY ORAL MORPHINE EQUIVALENT

SCHEDULED MEDICATION USE

BREAKTHROUGH MEDICATION USE

DURATION OF RELIEF

FUNCTIONAL IMPROVEMENT

NALOXONE EDUCATION / AVAILABILITY

SAFE STORAGE & CAREGIVER SUPPORT

PDMP REVIEW DATE

UDS / PILL COUNT, IF APPLICABLE

Side effects (constipation, nausea, sedation, confusion, pruritus, urinary retention, falls, respiratory symptoms), renal and hepatic dosing considerations, interactions and sedating co-medications:

Plan for opioid rotation, titration, taper or escalation:

AT

PAIN AND FUNCTIONAL ASSESSMENT TOOLS

8 SCORES, INTERPRETATION & COMPARISON

NUMERIC PAIN RATING SCALE

BRIEF PAIN INVENTORY

EDMONTON SYMPTOM ASSESSMENT SYSTEM

PEG SCALE

PROMIS PAIN INTERFERENCE

ECOG PERFORMANCE STATUS

KARNOFSKY PERFORMANCE STATUS

NEUROPATHY SCREENING TOOL

DISTRESS THERMOMETER

OPIOID RISK ASSESSMENT TOOL

FUNCTIONAL AND QUALITY-OF-LIFE GOALS

L

LABORATORY AND DIAGNOSTIC RESULTS

9

REVIEWED OR ORDERED

Cancer imaging (CT, MRI, PET/CT, bone scan, X-ray, ultrasound; tumor burden, metastases, fracture, cord or nerve compression, treatment response):

Laboratory studies (CBC, CMP, renal and liver function, calcium, albumin, inflammatory markers, coagulation, tumor markers, medication monitoring):

Treatment safety labs (platelets, ANC, INR, renal / hepatic function, electrolytes relevant to procedures or medication safety):

Neurologic / spine testing (MRI spine, brain imaging, EMG/NCS; cord compression, plexopathy, radiculopathy, neuropathy):

Procedure reports and prior records reviewed (nerve blocks, neurolysis, vertebral augmentation, epidural / intrathecal therapy, ablation, radiation records, oncology, palliative, surgical, hospital and hospice records):

A

ASSESSMENT

10

CANCER PAIN CLINICAL INTERPRETATION

Primary cancer pain diagnosis or working diagnosis. Cancer type and the relationship of pain to malignancy or its treatment. Pain phenotype and suspected generator. Severity, breakthrough pattern and functional impact. Current analgesic effectiveness and side effect burden. Opioid tolerance, safety risk and monitoring needs. Presence or absence of oncologic emergencies including cord compression, pathologic fracture, obstruction or infection. Medication limitations from renal or hepatic function, cytopenias, anticoagulation, cognition or respiratory risk. Psychosocial distress, caregiver support and goals-of-care considerations. Need for medication adjustment, opioid rotation, adjuvant therapy, bowel regimen, interventional procedure, radiation oncology referral, palliative or hospice coordination, hospitalization or urgent escalation...

P

PLAN

11 CANCER PAIN MANAGEMENT BY PROBLEM

Analgesic plan (opioid and non-opioid therapy, scheduled and breakthrough dosing, rotation, titration, tapering, refills, adjuvants, side effect monitoring, patient and caregiver education). Neuropathic pain plan (neuropathic agents, topicals, CIPN management, dose-limiting side effects). Bone and metastatic pain plan (radiation oncology referral, bone-modifying therapy, orthopedic evaluation, fracture precautions, bracing, imaging follow-up). Bowel regimen and opioid side effect plan (constipation prevention, antiemetics, sedation monitoring, pruritus, urinary retention, fall precautions, naloxone). Interventional plan (nerve or plexus block, neurolysis, epidural / intrathecal therapy, vertebral augmentation, ablation, spinal cord stimulation). Procedure safety (platelets, ANC, anticoagulation, infection risk, imaging review, consent, oncology coordination). Non-pharmacologic and supportive care. Oncology and palliative coordination. Goals-of-care plan. Safety and escalation plan...

F

FOLLOW-UP

12 REASSESSMENT PLAN

Follow-up timeframe and purpose (pain reassessment, breakthrough pain review, medication response, opioid side effect monitoring, bowel regimen review, procedure planning, imaging or lab review, oncology or palliative coordination, urgent reassessment):

TB

TIME DOCUMENTATION & BILLING

TOTAL TIME SPENT

MEDICATION MANAGEMENT TIME

COUNSELING / GOALS-OF-CARE DISCUSSION TIME

CARE COORDINATION TIME

RECORDS REVIEW TIME

PROCEDURE PLANNING TIME

PALLIATIVE CARE COORDINATION TIME

E/M LEVEL: 99203 / 99204 / 99205 / 99213 / 99214 / 99215

PROCEDURE CODE(S), IF APPLICABLE

MEDICATION MANAGEMENT / OPIOID MONITORING
CODE(S)

CARE COORDINATION CODE(S), IF APPLICABLE

BASIS FOR BILLING: TIME-BASED / MEDICAL DECISION MAKING / PROCEDURE-BASED / MEDICATION MANAGEMENT / CARE
COORDINATION

PRIMARY CANCER PAIN ICD-10 CODE

UNDERLYING MALIGNANCY ICD-10 CODE

SECONDARY / METASTATIC / TREATMENT-RELATED ICD-10 CODE(S)

SO

PROVIDER SIGN-OFF

PROVIDER NAME

CREDENTIALS

SPECIALTY: CANCER PAIN
MANAGEMENT / PAIN
MEDICINE / PALLIATIVE
MEDICINE

DATE

TIME