



**The
Rehab
Doctors**
PC

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PHYSICAL MEDICINE

PAIN CLINIC SERVICES

ELECTRODIAGNOSTICS

PAIN LOG

PATIENT: _____ DOB: _____

DATE: _____

Pain scale 0-10: 0 = no pain, 10 is the worst pain you can imagine.

My pain **before** the injection is: _____/10.

My pain **after** the injection is: _____/10.

- * Pain level at 1 hour () after injection. _____ (0-10)
- * Pain level at 2 hours () after injection. _____ (0-10)
- * Pain level at 3 hours () after injection. _____ (0-10)
- * Pain level at 4 hours () after injection. _____ (0-10)
- * Pain level at 5 hours () after injection. _____ (0-10)
- * Pain level at 6 hours () after injection. _____ (0-10)
- * Pain level the morning after injection. ___ / @ ___ am _____ (0-10)

Additional Comments: _____

* Fax or phone physician's office the following morning with the pain log report.

* Bring this log with you to your follow-up appointment.