

Valley Pain Centers

DIAGNOSTIC INJECTION PAIN LOG

Patient name: _____ DOB: _____
Doctor: _____ Date: _____

The amount of relief that you obtained, as well as, how long the relief lasts should be recorded on the chart below. It is very important for our Doctors to know the degree of pain over the first 8 hours following your injection. Please fill out this "Pain Log" below, starting with your pain level PRIOR to receiving the injections and throughout the next 8 hours. Please record your pain level. Please try to be active and do some of the activities that have been painful for you in the past. Please record the pain level during the activity.

PAIN LEVEL SCALE

No Pain 0 1 2 3 4 5 6 7 8 9 10 Most Pain

Please Circle your pain level for each question:

Your pain level **PRIOR** to injection No Pain 0 1 2 3 4 5 6 7 8 9 10 Most Pain

Time: _____ Pain Level after injection: 0 1 2 3 4 5 6 7 8 9 10

Time: _____ Pain Level **1 hour** following injection: 0 1 2 3 4 5 6 7 8 9 10

Time: _____ Pain Level **2 hours** following injection: 0 1 2 3 4 5 6 7 8 9 10

Time: _____ Pain Level **4 hours** following injection: 0 1 2 3 4 5 6 7 8 9 10

Time: _____ Pain Level **6 hours** following injection: 0 1 2 3 4 5 6 7 8 9 10

Time: _____ Pain Level **8 hours** following injection: 0 1 2 3 4 5 6 7 8 9 10

PLEASE BRING THIS LOG WITH YOU TO YOUR NEXT APPOINTMENT OR EMAIL IT TO info@valleypaincenters.com
Thank You!

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