

PAINCARE PROVIDERS

REDISCOVERING RELIEF

TEL 949 872 2400 | FAX 949 872 2401 | WWW.PAINCAREPROVIDERS.COM

Welcome Back

In order to monitor your progress please answer the following questions

What brings you to the office today ?

☐ Medication ☐ Regular follow up ☐ Follow up after a procedure

☐ New Pain Complaint

If you had a Procedure, how much and for how long did that help with your pain ?

☐ A lot (70-100%) ☐ Moderate (40-70%) ☐ A little (10-40%) ☐ None

Compared to last visit you pain is ?

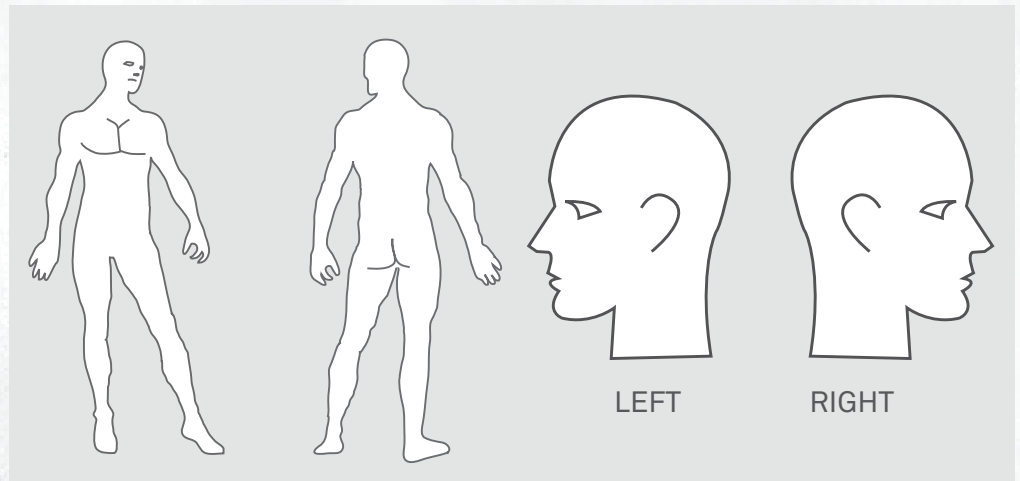
☐ I feel better ☐ I feel the same ☐ I feel worse

Please list your current Pain related Medications ?

Name	Dosage	Frequency

Any Side Effects from the injection or the procedure ?

In this section, please Mark the appropriate locations for your pain and Indicate where the pain goes with arrows.



mark the appropriate intensity of pain in different conditions.

	MIN											MAX
At Worst Condition	0	10	20	30	40	50	60	70	80	90	100	
At Best Condition	0	10	20	30	40	50	60	70	80	90	100	
Overall Feeling	0	10	20	30	40	50	60	70	80	90	100	

SIGNATURE

DATE