## Initial Pain Assessment Form

**Date of Consult:**

**Requesting Party:**

**Clinician:**

**Reason for Consult:**

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**Primary Care MD:**

**Pain MD:**

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**Laboratory Data:**

<table>
<thead>
<tr>
<th>Test</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hb</td>
<td></td>
</tr>
<tr>
<td>SCr</td>
<td></td>
</tr>
<tr>
<td>ALT</td>
<td></td>
</tr>
<tr>
<td>Hct</td>
<td></td>
</tr>
</tbody>
</table>

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**Imaging Reports:**

<table>
<thead>
<tr>
<th>Date</th>
<th>Study</th>
<th>Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

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**Vitals:**

<table>
<thead>
<tr>
<th>Temp</th>
<th>BP</th>
<th>HR</th>
<th>RR</th>
<th>O2</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

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**Current Bowel Regimen:**

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**Social History/Opioid Risk Assessment**

- **Elaborate:**

  - **Family History of Substance Abuse:**
    - Alcohol
    - Illegal Drugs
    - Prescription Drugs

  - **Personal History of Substance Abuse:**
    - Alcohol
    - Illegal Drugs
    - Prescription Drugs

  - **History of Pre-adolescence Sexual Abuse:**
    - Yes
    - No

  - **Psychological Disease:**
    - Depression
    - ADHD
    - OCD
    - Bipolar
    - Schizophrenia

  - **Smoking:**
    - Yes
    - No

  - **PPD:**

---

**Pain Assessment:**

- **Pain Scores (1-10):**
  - Current
  - Over last 24 hours
  - Best
  - Worst
  - Goal

- **Location:**

- **Description:**

- **Aggravating/Relieving Factors:**

- **Previous treatments and Response:**

- **Effect:**

  - How does pain affect physical and social functioning?

---

**Functional pain goals:**

- Sleep comfortable
- Comfort @ rest
- Total pain relief
- Stay alert
- Adverse events (Past or Present):
  - Nausea
  - Vomiting
  - Constipation
  - Itching
  - Confusion
  - Sedation

**Recommendations:**

- Non-Pharmacologic:
  - Massage
  - Distraction
  - Relaxation
  - Exercise
  - Cold/Heat Application

- Pharmacologic: