



I'm in pain!



Patient Name: _____

Where is the pain?

On a scale of 0-10 how bad is the pain?
(10 being the worst ever)

0 1 2 3 4 5 6 7 8 9 10

How long have you been experiencing this pain? _____
Has it become worse recently? Y/N
Since when? _____

What do you think is causing the pain? (Type of injury/diagnosis)

What advice have you been given?

Does this help?

What pain-relief (medication) are you prescribed?

Are you taking this? Y/N

If No, why? _____

If Yes, how does it help?

Are you taking any other substance/tablets that are not prescribed by your GP/Doctor? Y/N

If Yes, what are you taking and how much?

Action Plan: Listening to all the advice given, I am going to do the following things (which I haven't tried yet), to see if that helps: