


Brian Siegel, MD
Advanced pain relief to enhance your life
Pain Management Service
Post Procedural Follow Up Visit

Date _____ Procedure _____ Date of Procedure _____

Please Circle Your Answers

1. What is your pain level today?

0 _____ 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ 8 _____ 9 _____ 10 _____
No pain _____ Worst Pain _____

2. What is your average pain score since your procedure?

0 _____ 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ 8 _____ 9 _____ 10 _____
No pain _____ Worst Pain _____

3. Do you feel you have benefited from your procedure?

0% _____ 10% _____ 20% _____ 30% _____ 40% _____ 50% _____ 60% _____ 70% _____ 80% _____ 90% _____ 100% _____

4. Is your pain pattern the same? Yes _____ No _____

If your pattern is different, how has it changed? _____

5. How are you sleeping? _____

6. Since your procedure, has your ability to cope with your pain increased?

Yes _____ No _____

Explain: _____

7. Since your procedure, have your activities increased? Yes _____ No _____

Explain: _____

8. Have you had any new problems since your procedure? Yes _____ No _____


Explain: _____

9. Have you used any other means of intervention?

Medications _____ Physical Therapy _____ Massage _____ Other: _____

10. Were any of these helpful? Yes _____ No _____

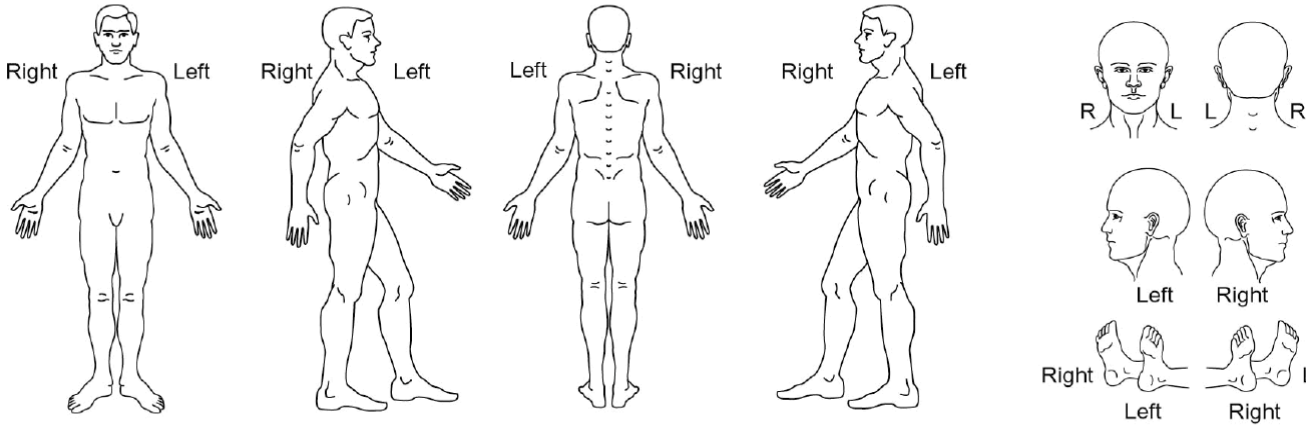
Explain: _____

 <p>YAMPA VALLEY MEDICAL CENTER Pain Management Service 940 Central Park Dr., Suite 202 Steamboat Springs, CO 80487</p>	<p>(Patient Identification)</p> <p style="text-align: center;">*320*</p>
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11. Circle the words that describe your pain.

- | | | |
|-----------|------------|-------------|
| Aching | Sharp | Penetrating |
| Throbbing | Tender | Nagging |
| Shooting | Burning | Numb |
| Stabbing | Exhausting | Miserable |
| Gnawing | Tiring | Unbearable |

12. Shade on the diagram your painful areas




13. Have you had any new diagnostic studies since your last procedure?

- X-rays Myelogram MRI Cat Scan
 EMG Nerve Conduction Bone Scan

Additional Comments _____

Reviewed by _____ Date _____ Time _____

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