

## SAMPLE INITIAL PAIN MANAGEMENT TEMPLATE

March 24, 2015

**RE:** \_\_\_\_\_

**Chief Complaint:**

**Pain Level: (1-10 scale):**

**History of Present Illness:** The patient presents to my office today for the first time on consultation for pain management evaluation. History obtained is that the patient is 45 years of age, male, right-handed, no history of any known allergies, he presents with a chief complaint of neck pain, which radiates down to the right upper extremity with numbness and tingling in the right biceps. This happened after a motor vehicle accident, which occurred approximately one year ago when he was a restrained driver of a vehicle hit in the rear sustaining severe injuries to his neck. The entire rear of his car was almost completely demolished. He was not hospitalized. He went to a local emergency room. He was treated and released. He had x-rays of the neck, which showed no fractures. He then treated with many different doctors, however, he has not been happy with the results of his treatments and his pain has not been properly eradicated. Today, he presents for continued pain management, evaluation, and treatment. He is currently not under the care of any other doctors. He is currently taking no pain medications.

**Past Medical History:** No history of any psychiatric problems. No history of anxiety or depression, no history of any suicide ideas, or attempts. No history of any alcohol or drug abuse in the past.

**Diagnostic Test Performed and its Result and the Date Performed:** X-rays, MRIs, EMGs, other. \_\_\_\_\_.

**Medications:** What medications and dosages have you tried in the past and what were its results?

Current medications and dosage and its results and who has prescribed them to you?

Any recreational or illicit or over-the-counter drugs currently being used, if so what?

What treatments have you had in the past and what results were obtained? (Physical therapy, trigger point injections, epidural injections, facet, radiofrequency ablation, dorsal column stimulation implant).

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**Current Disability Status:** Partially disabled, total disabled, not disabled at all.

**Social History:** Single, married, do smoke cigarettes, if so how much. Do you consume alcohol socially or recreationally and if so, how much alcohol do you consume per day or per week.

Any history of alcohol or drug abuse currently or in the past, if so please explain.

**Family History:** Any family history of drug or alcohol abuse in the past, any family history of suicide ideas or attempts in the past if so, please explain.

**Educational Level:** Did you finish high school, college, or business school.

**Review of Systems:**

**Physical Examination:**

**Appearance:** The patient appears in mild distress secondary to pain. No visible signs of any withdrawal.

**Vital Signs:** Blood pressure \_\_\_\_\_, pulse \_\_\_\_\_, respiration \_\_\_\_\_.

**HEENT:** \_\_\_\_\_

**Lungs:** \_\_\_\_\_

**COR:**

**Skin:** No visible lesions. No areas of erythema. No areas of rash or any other skin disorder.

**Extremities:** Without cyanosis, clubbing, or edema.

**Pulses:** All pulses are intact and normal.

**Neck:**

**Back:**

**Active range of Motion:**

**Manual Muscle Power Testing:** \_\_\_\_\_

**Sensation:** \_\_\_\_\_

**Deep Tendon Reflexes:** \_\_\_\_\_

**Gait:** \_\_\_\_\_

**Diagnosis:**

**Treatment Plan:**

1. Obtain full pertinent and past medical records.
2. Refer the patient for basic chemistry profile, urine drug toxicology screen, saliva drug toxicology screen, CBC, basic chemistry profile, liver function tests. Other:
3. Refer the patient for additional studies such as
4. New York State Prescription monitoring program was checked and the results are \_\_\_\_\_.
5. The patient referred to other consultant \_\_\_\_\_ for \_\_\_\_\_.

6. The patient to be started on the course of physical therapy due to medical necessity and goals to diminish pain, spasm, improve range of motion, improve flexibility and conditioning, and to prevent further deterioration.
7. The patient to be reexamined in number of weeks \_\_\_\_\_.
8. Opiate agreement discussed with the patient, the patient educated in great detail about opiate, its proper use and New York State Law governing its proper use, opiates agreement signed after full discussion and patient education given.
9. The patient fully educated on all of his diagnoses, all the different treatment plans, surgery, physical therapy, acupuncture, and different interventional pain management procedures.
10. Medications prescribed and all its risks, side effects, and alternatives thoroughly explained to the patient. \_\_\_\_\_.

Opiate Index: Very low, low, moderate, high, very high.

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**John Doe, M.D.**

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