PATIENT DETAILS:

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....

....

DO NOT THROW AWAY. Scan and email or fax to us
when you have completed this form.

E   reception@painspecialistsaustralia.com.au
F   1300 798 385

Doctor

Date of Block

....

....

BLOCK(S) PERFORMED TODAY:

....

....

PAIN BEING ASSESSED TODAY:

....

....

PAIN SCORES FOLLOWING YOUR TREATMENT

Fill out your pain scores over the next 3 days at the indicated time

	Pre	Post	30 min	1 hour	2 hours	6 hours	12 hours	24 hours (day 1)	48 hours (day 2)	72 hours (day 3)
10/10										
9/10										
8/10										
7/10										
6/10										
5/10										
4/10										
3/10										
2/10										
1/10										
0/10										

BEST IMPROVEMENT IN FIRST 3 DAYS

Circle best description of your pain reduction at any time in the 3 days after your treatment:

0%   10%   20%   30%   40%   50%   60%   70%   80%   90%   100%
No change   No pain at all

PATIENT REMARKS

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