

PALOVERDE

PAIN SPECIALISTS PAIN DIARY FOR MEDIAL BRANCH BLOCKS

1. This pain diary is based on a scale of 0 (no pain) to 10 (worst imaginable pain).
2. Please do normal activities after the block and complete this pain diary based on those activities.
3. Please be sure to complete this pain diary as accurately as possible.
4. You may:
 - A. Bring this for to your next appointment if you are already scheduled for one,
 - B. Fax this when complete to 602-714-7176

Patient: _____ Date: _____

Procedure: _____

Please rate your pain on a scale of 0 (no pain) to 10 (worst pain possible):

Pain rating before the injection: Time _____ Area: _____

■ 0 1 2 3 4 5 6 7 8 9 10 ■

30 minutes after injection: Time: _____
0 1 2 3 4 5 6 7 8 9 10

1 hour after: Time: _____
0 1 2 3 4 5 6 7 8 9 10

2 hours after: Time: _____
0 1 2 3 4 5 6 7 8 9 10

3 hours after: Time: _____
0 1 2 3 4 5 6 7 8 9 10

4 hours after: Time: _____
0 1 2 3 4 5 6 7 8 9 10

5 hours after: Time: _____
0 1 2 3 4 5 6 7 8 9 10

6 hours after: Time: _____
0 1 2 3 4 5 6 7 8 9 10

7 hours after: Time: _____
0 1 2 3 4 5 6 7 8 9 10

8 hours after: Time: _____
0 1 2 3 4 5 6 7 8 9 10

1 day after: Time: _____
0 1 2 3 4 5 6 7 8 9 10

2 days after: Time: _____
0 1 2 3 4 5 6 7 8 9 10

*******PRIOR TO YOUR NEXT PROCEDURE APPOINTMENT, PLEASE CONTACT THE OFFICE IF YOU HAD NO RELIEF OR COMPLETE RELIEF*******