



**Neuropathic Pain Screening**  
 (See Pain Assessment Tool pg. 2)  
**POSITIVE** \_\_\_ **YES** \_\_\_ **NO**

- PATIENT'S PAIN CONTROL GOAL**
- Sleep comfortably
  - Comfort at rest
  - Comfort with movement
  - Stay alert
  - Perform activity: \_\_\_\_\_
  - Other: \_\_\_\_\_

**Date** \_\_\_\_\_ **Current Medications for Pain Management**

Drug/Dose/ Frequency \_\_\_\_\_  
 Drug/Dose/ Frequency \_\_\_\_\_  
 Drug/Dose/ Frequency \_\_\_\_\_

**Date:** \_\_\_\_\_

<b>Patient's Rating of Pain</b> Scale used <input type="checkbox"/> 0 -10 <input type="checkbox"/> Faces <input type="checkbox"/> Verbal			

**Side-effects/ Treatment/Changes in Pain Medications or Comments**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PRN/Breakthrough Analgesic given \_\_\_\_\_ : Time : \_\_\_\_\_ Initials \_\_\_\_\_

**Date:** \_\_\_\_\_

<b>Patient's Rating of Pain</b> Scale used <input type="checkbox"/> 0 -10 <input type="checkbox"/> Faces <input type="checkbox"/> Verbal			

**Side-effects/ Treatment/Changes in Pain Medications or Comments**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PRN/Breakthrough Analgesic given \_\_\_\_\_ : Time : \_\_\_\_\_ Initials \_\_\_\_\_

**Date:** \_\_\_\_\_

<b>Patient's Rating of Pain</b> Scale used <input type="checkbox"/> 0 -10 <input type="checkbox"/> Faces <input type="checkbox"/> Verbal			

**Side-effects/ Treatment/Changes in Pain Medications or Comments**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PRN/Breakthrough Analgesic given \_\_\_\_\_ : Time : \_\_\_\_\_ Initials \_\_\_\_\_

Date:			
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