

Pain Management Visit Note Template

[Medical Encounter Example: Pain-Opioids: Minimum Standard of Care](#)

[Medical Encounter Example: Pain-Opioids: Best Practices](#)

Subjective (S):		
<p>Reason for Visit: <i>[Check all that apply]</i></p> <p> <input type="checkbox"/> Follow-up <input type="checkbox"/> New Pain <input type="checkbox"/> Worsening of Existing Pain <input type="checkbox"/> Side Effect Management <input type="checkbox"/> Procedure/Injection Follow-up <input type="checkbox"/> Other: _____ </p> <p>Chief Complaint:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Description of Pain (if new):</p> <p>Onset: Date: _____</p> <p>Type: [] gradual, [] sudden</p> <p>Location: _____</p> <p>Radiation: _____</p> <p>Character: [] sharp, [] dull, [] aching, [] throbbing, [] burning, [] electrical</p> <p>Duration: [] Constant, [] Intermittent</p> <p>Aggravating Factors: _____</p> <p>Alleviating Factors: _____</p> <p>Associated Symptoms: [] fatigue, [] sleep disturbances, [] mood changes, [] other: _____</p> <p>_____</p>	<p>PEG-3 Pain Screening Tool:</p> <ul style="list-style-type: none"> What number best describes your pain on average in the past week? (0=no pain to 10=pain as bad as you can imagine) _____ What number best describes how, during the past week, pain has interfered with your enjoyment of life? (0=does not interfere to 10= unable to carry on any activities) _____ What number best describes how, during the past week, pain has interfered with your general activity? (0= does not interfere to 10= completely interferes) _____
<p>Risk Management:</p> <p>Screening:</p> <p>Personal/family history of SUD:</p> <p> <input type="checkbox"/> Denied <input type="checkbox"/> Other: _____ </p> <p>Personal history psych/mood:</p> <p> <input type="checkbox"/> Denied <input type="checkbox"/> Other: _____ </p> <p>Personal history of trauma:</p> <p> <input type="checkbox"/> Denied <input type="checkbox"/> Other: _____ </p>	<p>Risk Management:</p> <p>Consider having patient fill out applicable screening tools:</p> <p> <input type="checkbox"/> <u>Opioid Risk Tool (ORT)</u> <input type="checkbox"/> Positive result </p> <p> <input type="checkbox"/> <u>Current Opioid Misuse Measure (COMM)</u> <input type="checkbox"/> Positive result </p> <p> <input type="checkbox"/> <u>Screeners and Opioid Assessment for Patients with Pain-Revised (SOAPP-R)</u> <input type="checkbox"/> Positive result </p> <p> <input type="checkbox"/> <u>Patient Health Questionnaire (PHQ-9)</u> <input type="checkbox"/> Positive result </p> <p> <input type="checkbox"/> <u>Generalized Anxiety Disorder (GAD-7)</u> <input type="checkbox"/> Positive result </p>	

Objective (O):	
<p>Diagnostic Studies:</p> <p>Imaging: _____</p> <p>_____</p> <p>_____</p> <p>Laboratory: _____</p> <p>_____</p> <p>_____</p> <p>Diagnostic Procedures:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Other: _____</p> <p>_____</p> <p>_____</p>	<p>Risk Management: Risk stratification and opioid prescribing (guide):</p> <p><input type="checkbox"/> High Level of Controlled Substance Risk <i>This includes patients at high risk of opioid-induced morbidity or mortality, based on factors and combinations of factors such as medical and behavioral comorbidities, polypharmacy, current substance use disorder or misuse, aberrant behavior, dose of opioids, or the use of any concurrent sedatives. Any patient using >90 MED per day is considered high risk.</i></p> <p>If high risk, utilize this High Risk Planning Form with patient</p> <p><input type="checkbox"/> Moderate Level of Controlled Substance Risk <i>This includes patients at moderate risk of opioid-induced morbidity or mortality, based on factors and combinations of factors such as medical and behavioral comorbidities, polypharmacy, history of substance use disorder or abuse, and aberrant behavior. In addition, any patient using 50-90 MED per day without other factors that increase their risk level is considered moderate risk.</i></p> <p><input type="checkbox"/> Low Level of Controlled Substance Risk <i>This includes patients at low risk of opioid-induced morbidity or mortality, based on factors and combinations of factors such as medical and behavioral comorbidities, polypharmacy. Patients must use <50 MED per day to qualify as low risk. However, some patients using <50 MED per day may be at moderate or high risk, based on other risk factors.</i></p>

Assessment (A):	
<ul style="list-style-type: none"> • Diagnosis/Diagnoses: _____ • Pain severity and impact on function: _____ • Psychosocial factors: _____ • Current opioid regimen (if applicable): _____ • Current MME (if applicable): _____ 	<p>Risk Monitoring</p> <p><input type="checkbox"/> No past behavioral aberrancies</p> <p><input type="checkbox"/> Previous aberrancies, date _____ Describe: _____ Aberrancy management: _____</p> <p><input type="checkbox"/> PDMP review as expected</p> <p><input type="checkbox"/> Concerns with PDMP review Describe: _____</p> <p><input type="checkbox"/> Urine drug screening consistent with expected results</p> <p><input type="checkbox"/> Concerns with UDS Describe: _____</p>

Plan (P):

- **Medications:** [Continue opioids, discontinue opioids, taper opioids, adjust dosages of opioids, [rotate to buprenorphine](#), initiate new opioids, [initiate nonopioid pharmacologic treatments](#)]. [Pain management algorithm](#).

- **Non-pharmacological Interventions:** [Physical therapy, occupational therapy, chiropractic, massage, acupuncture, relaxation techniques, exercise, cognitive behavioral therapy, etc.] [Guide](#)

- **Interventional Procedures:** [Nerve blocks, epidurals, radiofrequency ablation, etc.]

- **Referrals:** [Consultations with other specialists, such as physical therapists, psychologists, etc.]

- **Imaging Ordered:**

- **Laboratory Testing Ordered:**

Follow-up Appointment to be Scheduled:

- ☐ In 14 days
☐ In 30 days
☐ In 60 days
☐ In 90 days
☐ In 6 months
☐ In 12 months
☐ Other: _____

Documentation of Risk Mitigation

- ☐ Informed consent signed on initial visit ([link to Informed Consent Document](#))
☐ Informed consent signed today
☐ Controlled substance agreement last signed on _____ (link to [Opioid Medication for Chronic Pain Agreement](#))
☐ Controlled substance agreement signed today
☐ Education provided to patient on:
☐ Safe storage and disposal of controlled substances ([Safe Storage and Disposal Patient Education](#))
☐ Patient education regarding non pharmacologic/ non opioid pain management strategies
☐ Patient education regarding medication side effects
☐ Patient education regarding risk of addiction
☐ Other education provided: _____
☐ Naloxone kit provided on: _____
☐ Education provided to patient and family on how to use it ([Naloxone Patient Education](#))

- ☐ Patient understands treatment plan

Document any concerns:
