**Pain Management Case Review Information/Prep**

Presenter Information

Patient case presentation date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Submitters name and title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Willing to present? Y or N

Patient Information

Age\_\_\_\_ Gender \_\_\_\_

Height \_\_\_\_ Weight \_\_\_\_ BMI\_\_\_\_\_\_\_\_

Active diagnosis/condition \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other diagnosis/conditions \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hospitalizations/ER visits within last year Y or N

Type (circle all that apply): Acute Behavioral ER Rehab Other\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes: Date(s):

 \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Reason(s) \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Primary question check all that apply:

□Help with diagnosis

□Help with medications

□Help with non-medication treatment

Details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pain Management Descriptor

□Burning □Constant □Dull

□Aching □Intermittent □Numbness/tingling

□Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alleviating or Aggravating factors

Behavioral Health issues: Depression/ Substance use/Anxiety

Hx of suicide attempt? Y or N

If Y – date of last attempt or other information:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Screening/Assessment Tool Scores (if done)

PHQ-9\_\_\_\_\_\_\_\_ GAD-7\_\_\_\_\_\_\_\_

SOAPP-R\_\_\_\_\_\_\_ Other\_\_\_\_\_\_\_\_\_

Medications tried in past (help or not)

NSAIDS\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Membrane Stabilizers (check all that apply) □Gabapentin □Valproate

□Pregabalin □ Carbamazepine

Opioids

□Short-acting □Long-acting

□Aberrant Behaviors? If yes list \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Muscle relaxants

□Baclofen □Cyclobenzaprine

□Methocarbamol □Tizanadine

TCA/SNRI

□TCA □Venlafaxine □Duloxetine □Milnacipran □Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Non-pharmacological interventions tried/results

|  |  |  |
| --- | --- | --- |
| Intervention | Tried? | Helpful? |
| Physical Therapy |  |  |
| TENS |  |  |
| Water therapy |  |  |
| Acupuncture |  |  |
| Chiropractic/Osteopathic |  |  |
| Relaxation strategies |  |  |
| Counseling/psychology |  |  |
| Massage |  |  |
| Yoga/Tai Chi Chaun |  |  |
| Other: |  |  |

Invasive interventions tried

|  |  |  |
| --- | --- | --- |
| Intervention | Tried? | Helpful? |
| Epidural steroid inj. |  |  |
| Medial Branch block |  |  |
| Radiofrequency ablation |  |  |
| Trigger Point Injection |  |  |
| Selective Nerve Block  |  |  |
| Surgical Pain Control (specify) |  |  |
| Spinal Cord Stimulator |  |  |
| Intrathecal Pump |  |  |
| Botulinum Toxin |  |  |
| Other |  |  |

Primary Barriers:

□Change management \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□Financial \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□Benefit design \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□Access to recommended care

□Time

□Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_