

Pain Assessment Form

This area is open for customization (logo, address, etc.)

Patient must be Educated on how to identify and describe pain:

Location: Where is your pain located? Patient or provider mark drawing.



Child Pain Assessment

Use with children as young as three (3). Explain to child which face is indicative of pain.



Past Pain Experience(s)

How Communicated?

How Relieved?

Adult Pain Assessment

Choose a number from 0 to 10 that best describes your pain.
Escoja un numero del 0 al 10 que major describa su dolor.



Present Pain

Worst Pain Gets

Best Pain Gets

Acceptable Level of Pain

➔ Continued on back

PAIN DESCRIPTION: Have patient describe pain in own words, e.g.

Ache Burn Throb Pull Sharp

Please Explain:

ONSET AND DURATION: Include duration variations, rhythms:

PRESENT PAIN MANAGEMENT REGIMEN & ITS EFFECTIVENESS:

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TO ORDER THIS FORM**

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SIDE EFFECTS OF PAIN MEDICATION:

WHAT CAUSES OR INCREASES THE PAIN?

WHAT RELIEVES THE PAIN?

EFFECTS OF PAIN: (Note decreased function, decreased quality of life.)

Accompanying symptoms (e.g. nausea) Sleep Appetite Physical Activity Concentration
 Relationships with others (e.g. irritability) Emotions (e.g. anger, sadness, crying)
 Other:

PATIENT'S PAIN GOAL: (include pain intensity, functions, activities, and quality of life.)

FORM COMPLETED BY:

DATE COMPLETED: