

PAIN STATUS REPORT

Name _____

Date _____

Wong-Baker FACES® Pain Rating Scale



W: _____ BP: _____ P: _____ Oz: _____

1. Since your last visit, on scale of 0 (no pain) to 10 (severe pain) how bad is your pain with current treatment?
*On AVERAGE in the past week** _____ Pain Level at BEST _____ Pain Level at WORST _____
 Pain with Activity _____ Pain at Rest _____

2. Have you had any New Imaging or Diagnostic Testing since your last visit?
 ____ Yes ____ No *If Yes, what and where?* _____

3. Are you taking any new medications? Yes No *If yes, what* _____

4. Do you have any new Allergies to Medications? Yes No *If yes, what* _____

5. Do you currently have Narcan at home? Yes No

6. Have you had any hospitalizations or significant health changes? Yes No
 If Yes, describe _____

7. On a scale of 0 – 10 How much does pain interfere with your:

A. *General Activity** _____ E. *Relations with Other People* _____
 B. *Mood* _____ F. *Sleep* _____
 C. *Walking Ability* _____ G. *Enjoyment of Life** _____
 D. *Normal Work* _____

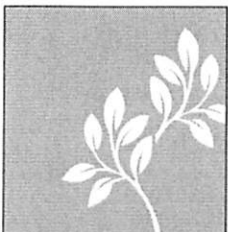
PEG SCORE

Average score of:
 *average past week
 *general activity
 *enjoyment of life

8. In the past month how much relief have pain treatments or medications provided.
 No Relief 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

9. Are there any Goals you want to achieve? _____

10. Do you have thoughts of harming yourself? Yes No
 If yes, please explain: _____



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