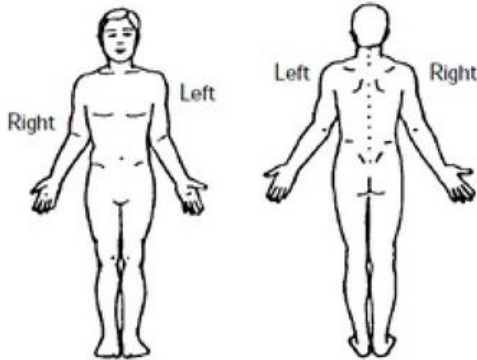


Name

Date

Brief pain inventory

1. On the diagram, shade in the areas where you feel pain. Put an X on the area that **hurts most**.



2. Please rate your pain by circling the one number that best describes your pain at its **worst in the last week**.  
1 2 3 4 5 6 7 8 9 10
3. Please rate your pain by circling the one number that best describes your pain at its **least in the last week**.  
1 2 3 4 5 6 7 8 9 10
4. Please rate your pain by circling the one number that best describes your pain on **average**.  
1 2 3 4 5 6 7 8 9 10
5. Please rate your pain by circling the one number that tells how much pain you have **right now**.  
1 2 3 4 5 6 7 8 9 10
6. In the last week, how much relief have pain treatments or medications provided? Please circle the one percentage that best shows how much **relief you have received**. Where 0% indicate no relief and 100% indicate complete relief  
0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
7. Circle the number that best describes how your pain has interfered with the following: (0 being no pain at all, 10 being unbearable pain).
- a. **General activity** 0 1 2 3 4 5 6 7 8 9 10
- b. **Mood** 0 1 2 3 4 5 6 7 8 9 10
- c. **Walking ability** 0 1 2 3 4 5 6 7 8 9 10
- d. **Normal work (includes inside and outside work)** 0 1 2 3 4 5 6 7 8 9 10
- e. **Relations with other people** 0 1 2 3 4 5 6 7 8 9 10
- f. **Sleep** 0 1 2 3 4 5 6 7 8 9 10
- g. **Enjoyment of life** 0 1 2 3 4 5 6 7 8 9 10

# Pain Questionnaire

(Please do not write on this form, only circle)

**Where is the pain?** Head, Neck, Upper Back, lower back, arms, hands, legs, feet, other

**How long have you had the pain:**

**What caused the pain:** car accident, work injury, sport injury, unknown, other

**Where does your back pain radiate to:** Left Leg, Right Leg, Both Legs, Does Not Radiate

**Where does your neck pain radiate to:** Left Arm, Right Arm, Both Arms, Does Not Radiate

**Please describe the pain:** achy, dull, stiff, sharp, tight, burning, numb, other

**Is the pain always there or does it come and go:** Always There/ Comes and Goes

**What movements or positions make the pain worse:** lifting, carrying, bending, sitting, standing, walking, other

**What makes the pain better:** rest, lying down, medication, other

**Do you feel weakness in your arms or legs:** Yes/No

**Do you have difficulty urinating or controlling bowel movements?** Yes/No

**List other pain medications that you have received that did not work?**

**Have you received any kind of pain management injection in the past?** Yes/ No

**What other pain management treatment have you participated in?** physiotherapy, massage therapy, chiropractic, acupuncture, other

**Does it help:** Yes/No

**Allergies:** Medications: Yes/ No. If "Yes" what: \_\_\_\_\_

Latex: Yes/No

**Medical/Surgical History:** Diabetes, Hypertension, Heart Disease, Arthritis, Elevated Cholesterol, Fibromyalgia, Seizure/ Epilepsy, Depression, Asthma, History of Allergic Reaction, Other

**Family History:** Diabetes, Heart Disease, High Cholesterol, Hypertension, Depression, Seizure / Epilepsy

**Social History:**

**What is your living situation?** Live Alone, With Spouse, Parents, Other

**Do you have children:** Yes/ No **If "Yes" how many?** \_\_\_\_\_

**Do you smoke?** Yes/ No

**Do you drink alcohol?** Yes/ No

**Do you work?** Yes/ No

**If "Yes" What do you do for a living?** \_\_\_\_\_

\*Physician use ONLY\*

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**Filled by Treating Physician**

**Opioid risk tool:**

Low                      Moderate                      High

**Examination:**

**General appearance:** Well Groomed, in distress, fluent speech, incoherent speech, goal directed thoughts, no bizarre thinking

**Gait:** normal, antalgic, slow short steps

Able to walk on heels and tip toes

Able to squat

**Inspection:** no bony deformity, increased thoracic kyphosis, increase lumbar lordosis, thoracic scoliosis

**Palpation:** there are multiple tender spots around upper back, upper chest, shoulders, elbows, hips, and knees

Tenderness around lumbar, cervical, thoracic, spinal, and paravertebral.

SI joints, greater trochanter, gluteal area

**ROM:** cervical spines WNL, decreased flexion, extension, lateral rotation

Shoulders WNL, decreased in all direction, decrease abduction, internal rotation, external rotation.

Lumbar spines WNL, decreased in all direction decreased flexion, extension, lateral bending.

Pain during bending, pain during stretching.

**Muscle power, tone and bulk** of upper limbs are WNL , there is decrease muscle power -5/5

Of lower limbs are WNL , there is decrease muscle power -5/5

**Sensations** of upper limbs are intact, there is decrease sensation in the distribution of C

of lower limbs are intact , there is decrease sensation in the distribution of L

**Deep tendon reflexes** of biceps, triceps, brachioradialis = +1

of knees and ankles = +1

**Babinski** reflex is up going

**Special tests**

**Imaging**

***Assessment and plan***

**Diagnosis**

**Management plan**

**Pharmacotherapy;** continue current medication , prescribe :

Discontinue

Topical : NSAID, gabapentin, baclofen , lidocaine, ketamine

**Interventional treatment:** discussed nerve block, pros and cons and possible adverse effects

Today after obtaining informed consent, the patient received;

Cervical paravertebral

Transcapsular

Lumbar paravertebral

Sciatic nerve block

SI joint

Trochanteric bursa

Trigger points

I advised the patient to do regular home exercise for core muscle strengthening , ROM exercises for;

Shoulder joint, lumbar spines

# Opioid Risk Tool

Item	Mark each box that applies	Item score if female	Item score if male
<b>1. Family History of Substance Abuse:</b>			
Alcohol	[ ]	1	3
Illegal Drugs	[ ]	2	3
Prescription Drugs	[ ]	4	4
<b>2. Personal History of Substance Abuse:</b>			
Alcohol	[ ]	3	3
Illegal Drugs	[ ]	4	4
Prescription Drugs	[ ]	5	5
<b>3. Age (mark box if 16-45)</b>	[ ]	1	1
<b>4. History of Preadolescent Sexual Abuse</b>	[ ]	3	0
<b>5. Psychological Disease</b>			
Attention Deficit Disorder, Obsessive-Compulsive Disorder, or Bipolar, Schizophrenia	[ ]	2	2
Depression	[ ]	1	1
Total		—	—
Total Score Risk Category: Low Risk: 0 to 3 Moderate Risk: 4 to 7 High Risk: 8 and above			