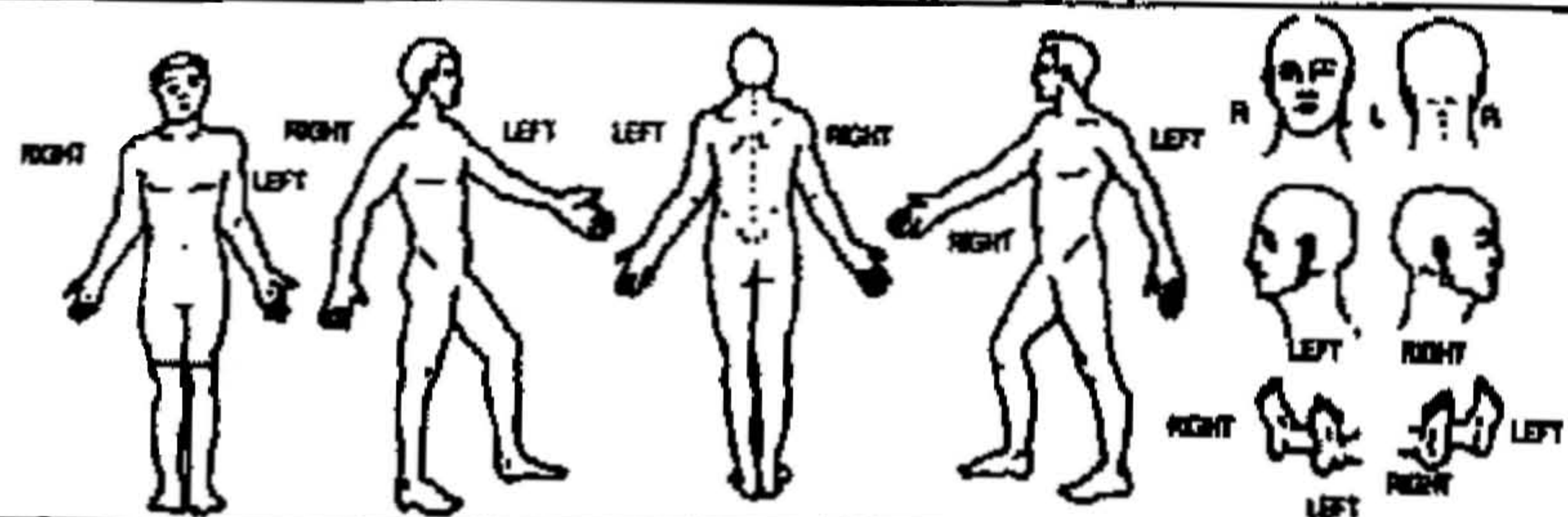
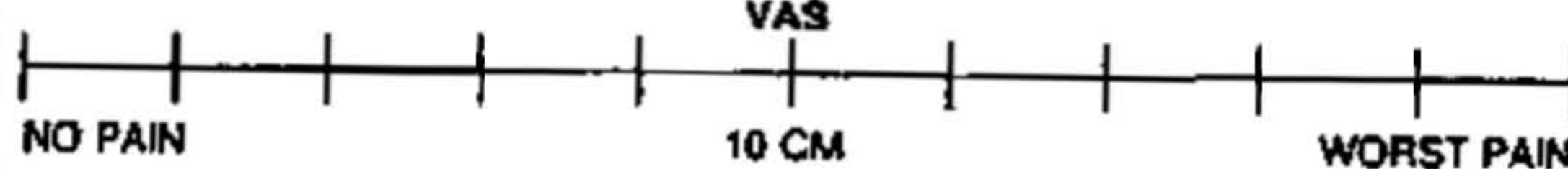


University of Maryland Medical Center
Acute Pain Management Service

Pain Consultation

PATIENT NAME	AGE	DATE	HT	WT	ALLERGIES
DIAGNOSIS / INJURIES					
PMH					
PREVIOUS SURGERIES / TX'S FOR PAIN					
CURRENT ANALGESIC REGIMENTS / MEDICATIONS					
LOCATION OF PAIN 					
PAIN INTENSITY: PPI (0) <input type="checkbox"/> NO PAIN (1) <input type="checkbox"/> MILD (2) <input type="checkbox"/> DISCOMFORTING (3) <input type="checkbox"/> DISTRESSING (4) <input type="checkbox"/> HORRIBLE (5) <input type="checkbox"/> EXCRUCIATING			VAS 		
PAIN CHARACTER (USE PATIENT'S OWN WORDS, EG. ACHE, BURN, THROB, CUTTING)					
SUBSTANCE ABUSE HISTORY SMOKE <input type="checkbox"/> YES <input type="checkbox"/> NO UNKNOWN HOW MUCH?			ALCOHOL YES NO UNKNOWN HOW MUCH?		
OTHER DRUGS <input type="checkbox"/> YES <input type="checkbox"/> NO UNKNOWN LIST:			PRESCRIPTION MEDICATIONS YES NO UNKNOWN LIST:		
SUBSTANCE ABUSE <input type="checkbox"/> YES <input type="checkbox"/> NO CONSULTATION <input type="checkbox"/> UNKNOWN	SLEEP DISTURBANCE IS PATIENT ABLE TO SLEEP AT NIGHT? <input type="checkbox"/> YES <input type="checkbox"/> NO	IS PATIENT'S PAIN KEEPING THEM AWAKE AT NIGHT? <input type="checkbox"/> YES <input type="checkbox"/> NO			
PHYSICAL EXAM					
IMPRESSION					
PLAN					
<input type="checkbox"/> 99261 <input type="checkbox"/> 99282 <input type="checkbox"/> 99263 99264 99265 VAS = VISUAL ANALOG SCALE PPI = PRESENT PAIN INDEX					SIGNATURE

WHITE - CHART COPY CANARY - BILLING COPY