

DATE

POST INJECTION EVALUATION

NAME

The following information needs to be completed and mailed or faxed to our office after 14 days. When rating your pain, concentrate on your regular pain, not soreness from the injection itself.

0 = no pain

10 = the worst pain imaginable

30 minutes after the procedure, my pain level on a 0-10 scale is:

0 0.5 **1.0** 1.5 **2.0** 2.5 **3.0** 3.5 **4.0** 4.5 **5.0** 5.5 **6.0** 6.5 **7.0** 7.5 **8.0** 8.5 **9.0** 9.5 **10**

1- hour after the procedure, my pain level on a 0-10 scale is:

0 0.5 **1.0** 1.5 **2.0** 2.5 **3.0** 3.5 **4.0** 4.5 **5.0** 5.5 **6.0** 6.5 **7.0** 7.5 **8.0** 8.5 **9.0** 9.5 **10**

2-hours after the procedure, my pain level on a 0-10 scale is:

0 0.5 **1.0** 1.5 **2.0** 2.5 **3.0** 3.5 **4.0** 4.5 **5.0** 5.5 **6.0** 6.5 **7.0** 7.5 **8.0** 8.5 **9.0** 9.5 **10**

3-hours after the procedure, my pain level on a 0-10 scale is:

0 0.5 **1.0** 1.5 **2.0** 2.5 **3.0** 3.5 **4.0** 4.5 **5.0** 5.5 **6.0** 6.5 **7.0** 7.5 **8.0** 8.5 **9.0** 9.5 **10**

4-hours after the procedure, my pain level on a 0-10 scale is:

0 0.5 **1.0** 1.5 **2.0** 2.5 **3.0** 3.5 **4.0** 4.5 **5.0** 5.5 **6.0** 6.5 **7.0** 7.5 **8.0** 8.5 **9.0** 9.5 **10**

5-hours after the procedure, my pain level on a 0-10 scale is:

0 0.5 **1.0** 1.5 **2.0** 2.5 **3.0** 3.5 **4.0** 4.5 **5.0** 5.5 **6.0** 6.5 **7.0** 7.5 **8.0** 8.5 **9.0** 9.5 **10**

6-hours after the procedure, my pain level on a 0-10 scale is:

0 0.5 **1.0** 1.5 **2.0** 2.5 **3.0** 3.5 **4.0** 4.5 **5.0** 5.5 **6.0** 6.5 **7.0** 7.5 **8.0** 8.5 **9.0** 9.5 **10**

7-days after the procedure, my pain level on a 0-10 scale is:

0 0.5 **1.0** 1.5 **2.0** 2.5 **3.0** 3.5 **4.0** 4.5 **5.0** 5.5 **6.0** 6.5 **7.0** 7.5 **8.0** 8.5 **9.0** 9.5 **10**

14-days after the procedure, my pain level on a 0-10 scale is:

0 0.5 **1.0** 1.5 **2.0** 2.5 **3.0** 3.5 **4.0** 4.5 **5.0** 5.5 **6.0** 6.5 **7.0** 7.5 **8.0** 8.5 **9.0** 9.5 **10**

Compared to before the treatment:

- My pain is:**
1. Completely relieved (no pain)
 2. Markedly improved
 3. Moderately improved
 4. Slightly improved
 5. Unchanged
 6. Slightly worse
 7. Moderately worse
 8. Markedly worse

- My activity level is:**
1. Unrestricted (normal)
 2. Markedly improved
 3. Moderately improved
 4. Slightly improved
 5. Unchanged
 6. Slightly worse
 7. Moderately worse
 8. Markedly worse

Notes:

To be filled out by the Physician:

Procedure 1: R L B

Procedure 2: R L B

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