



<u>PATIENT NAME</u> _____	<u>PROCEDURE DATE</u> _____
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Post Procedure Pain Log

Please circle your pain level and pain area at the designated times below with 0 being no pain and 10 being the most pain imaginable. Please physically return form to DBPS or fax to (303-327-5512)

Procedure: _____

Pre-Procedure Score:

Neck Pain: 0 1 2 3 4 5 6 7 8 9 10
 Shoulder/Arm Pain: 0 1 2 3 4 5 6 7 8 9 10

Post Procedure Score (30-60 min):

Neck Pain: 0 1 2 3 4 5 6 7 8 9 10
 Shoulder/Arm Pain: 0 1 2 3 4 5 6 7 8 9 10

1 Hour Post Procedure Score:

Neck Pain: 0 1 2 3 4 5 6 7 8 9 10
 Shoulder/Arm Pain: 0 1 2 3 4 5 6 7 8 9 10

2 Hours Post Procedure Score:

Neck Pain: 0 1 2 3 4 5 6 7 8 9 10
 Shoulder/Arm Pain: 0 1 2 3 4 5 6 7 8 9 10

3 Hours Post Procedure Score:

Neck Pain: 0 1 2 3 4 5 6 7 8 9 10
 Shoulder/Arm Pain: 0 1 2 3 4 5 6 7 8 9 10

4 Hours Post Procedure Score:

Neck Pain: 0 1 2 3 4 5 6 7 8 9 10
 Shoulder/Arm Pain: 0 1 2 3 4 5 6 7 8 9 10

5 Hours Post Procedure Score:

Neck Pain: 0 1 2 3 4 5 6 7 8 9 10
 Shoulder/Arm Pain: 0 1 2 3 4 5 6 7 8 9 10

6 Hours Post Procedure Score:

Neck Pain: 0 1 2 3 4 5 6 7 8 9 10
 Shoulder/Arm Pain: 0 1 2 3 4 5 6 7 8 9 10