



<u>PATIENT NAME</u>	<u>PROCEDURE DATE</u>

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:

<i>Back Pain:</i>	0	1	2	3	4	5	6	7	8	9	10
<i>Buttock/leg Pain:</i>	0	1	2	3	4	5	6	7	8	9	10

Post Procedure Score (30-60 min):

<i>Back Pain:</i>	0	1	2	3	4	5	6	7	8	9	10
<i>Buttock/leg Pain:</i>	0	1	2	3	4	5	6	7	8	9	10

1 Hour Post Procedure Score:

<i>Back Pain:</i>	0	1	2	3	4	5	6	7	8	9	10
<i>Buttock/leg Pain:</i>	0	1	2	3	4	5	6	7	8	9	10

2 Hours Post Procedure Score:

<i>Back Pain:</i>	0	1	2	3	4	5	6	7	8	9	10
<i>Buttock/leg Pain:</i>	0	1	2	3	4	5	6	7	8	9	10

3 Hours Post Procedure Score:

<i>Back Pain:</i>	0	1	2	3	4	5	6	7	8	9	10
<i>Buttock/leg Pain:</i>	0	1	2	3	4	5	6	7	8	9	10

4 Hours Post Procedure Score:

<i>Back Pain:</i>	0	1	2	3	4	5	6	7	8	9	10
<i>Buttock/leg Pain:</i>	0	1	2	3	4	5	6	7	8	9	10

5 Hours Post Procedure Score:

<i>Back Pain:</i>	0	1	2	3	4	5	6	7	8	9	10
<i>Buttock/leg Pain:</i>	0	1	2	3	4	5	6	7	8	9	10

6 Hours Post Procedure Score:

<i>Back Pain:</i>	0	1	2	3	4	5	6	7	8	9	10
<i>Buttock/leg Pain:</i>	0	1	2	3	4	5	6	7	8	9	10