

# Documentation Charting Sheets for Treatment of Chronic Pain

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## Pretreatment Assessment

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Pain diagnosis: \_\_\_\_\_

Treatment recommendations (check all that apply):

Medications

Analgesic: \_\_\_\_\_

Nonanalgesic: \_\_\_\_\_

Nonpharmacologic therapy:

Physical therapy

Occupational therapy

Psychology

Other: \_\_\_\_\_

Reason for selecting specific medication therapy (check all that apply):

Diagnosis suggests benefit from a specific type of therapy  
(e.g. antiepileptics for neuropathic pain or migraine)

Treatment of comorbid condition: \_\_\_\_\_

Failure with non-opioid analgesics: \_\_\_\_\_

Unable to tolerate non-opioid analgesics: \_\_\_\_\_

Pain is disabling and/or precludes participation in rehabilitation

Treatment goals (check all that apply):

Improve function

Household chores

Yard work

Leisure activities

School attendance

Work

Improve ability to participate in rehabilitation

Provide safe, tolerated treatment

Reduce pain to moderate severity level

Follow-up scheduled in \_\_\_\_\_ weeks/months

PDF available at: [www.AAFPlearninglink.org](http://www.AAFPlearninglink.org). *Challenging Issues in Pain Management*.

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## Post-treatment Evaluation

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Goal attained (include specific targets achieved):

Improve function

Household chores: \_\_\_\_\_

Yard work: \_\_\_\_\_

Leisure activities: \_\_\_\_\_

School attendance: \_\_\_\_\_

Work: \_\_\_\_\_

Improve ability to participate in rehabilitation: \_\_\_\_\_

Provide safe, tolerated treatment: \_\_\_\_\_

Reduce pain to moderate severity level: \_\_\_\_\_

Compliance with prescribed therapy:

Yes

No

Tolerability:

Regular bowel movements (record frequency): \_\_\_\_\_

Sedation /cognitive effects

Weight change: \_\_\_\_\_

Dry mouth

Dizziness

Nausea

Other: \_\_\_\_\_

Treatment recommendations:

Continue current treatment

Change in therapy: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Follow-up scheduled in \_\_\_\_\_ weeks/months

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2