

# Pain Management Plan

Patient name: \_\_\_\_\_

Initial pain assessment completed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Diagnosis: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Goals of my pain management plan

| GOALS (e.g. walk three times a week for half an hour) | REVIEW DATE | COMMENTS (including date and progress) |
|---|-------------|--|
| 1.  |             |  |
| 2.  |             |  |
| 3.  |             |  |
| 4.  |             |  |
| 5.  |             |  |

## Other health professionals assisting my pain management (e.g. physiotherapist)

| PROFESSIONAL (type and details) | GOALS OF TREATMENT | ACTION | REVIEW DATE | COMMENTS (including date and progress) |
|---------------------------------|--------------------|--------|-------------|--|
|                                 |                    |        |             |  |
|                                 |                    |        |             |  |
|                                 |                    |        |             |  |
|                                 |                    |        |             |  |
|                                 |                    |        |             |  |

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## Pain medicines

| NAME OF MEDICINE<br>(prescription and over-the-counter) | STRENGTH | WHAT IS THE MEDICINE FOR? | HOW MUCH DO I USE AND WHEN? | SPECIAL INSTRUCTIONS OR COMMENTS<br>(including date and progress) |
|---|----------|---------------------------|-----------------------------|---|
| 1.  |          |                           |                             |   |
| 2.  |          |                           |                             |   |
| 3.  |          |                           |                             |   |
| 4.  |          |                           |                             |   |
| 5.  |          |                           |                             |   |

## Other ways to help manage my pain (non-medicine strategies)

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## If my pain gets worse my doctor recommends

Non-medicine strategies

- ▶ \_\_\_\_\_
- ▶ \_\_\_\_\_

Medicines (include details as in the table above)

- ▶ \_\_\_\_\_
- ▶ \_\_\_\_\_

## To help me manage my pain better (patient to fill out)

What makes my pain worse:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What makes my pain better:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This leaflet may be printed for patient use.