

Patient Brief Pain Inventory

(Please Use **BLACK** or **BLUE** Ink Only)

IDENTIFICATION DATA

Name: _____

Date of Birth: _____

Referred by: _____

Today's Date: _____

What is your main focus today?

☐ Medication Refill ☐ Discuss Injections ☐ New Pain ☐ Other: _____

SINCE LAST VISIT

List any changes in medical care (*incl. allergies, new diagnoses, new physician, etc.*). ☐ None

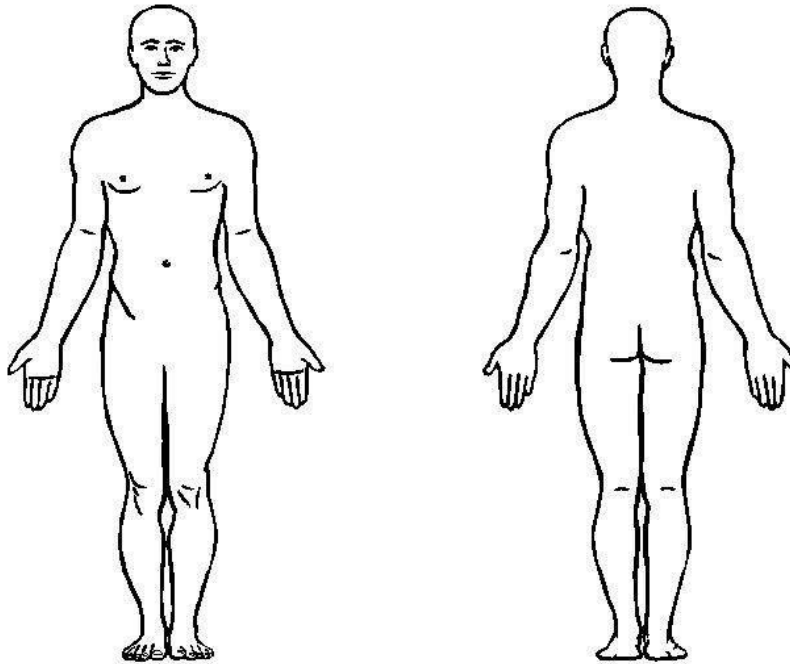
MEDICATIONS

List any medication changes (*started or stopped*) and the prescribing doctor. ☐ None

Medication	Dose	Daily Frequency	Prescribing MD	Reason

BRIEF PAIN INVENTORY

On the diagram, shade the areas where you feel pain. Put an "X" on the area that hurts the most.



Current Level of Pain 1 – 10 (10 is worst): _____

Describe the frequency of your pain:

☐ Improved

☐ Worse

☐ No Change

☐ Resolved

Describe the frequency of your pain:

☐ Intermittent

☐ Constant

☐ Occasional

☐ Rare

Select the words that describe your pain:

☐ Ache

☐ Burning

☐ Dull

☐ Numb

☐ Sharp

☐ Shooting

☐ Stabbing

☐ Throbbing

What makes your pain worse?

☐ Lying Down

☐ Movement

☐ Sitting

☐ Standing

☐ Stress

☐ Walking

☐ Weather

☐ Other: _____

What relieves your pain?

☐ Exercise

☐ Heat

☐ Ice

☐ Injections

☐ Medication

☐ Physical Therapy

☐ Rest

☐ Sitting

Other methods you use to relieve your pain?

☐ Warm Compress

☐ Cold Compress

☐ Relaxation/Distracton Techniques

☐ Biofeedback

☐ Hypnosis

☐ Other: _____

BRIEF PAIN INVENTORY, continued

Rate your pain by choosing the ONE number that best describes your pain at its worst last week.

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10
No Pain *Worst Pain Imaginable*

Rate your pain by choosing the ONE number that best describes your pain at its least last week.

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10
No Pain *Worst Pain Imaginable*

Rate your pain by choosing the ONE number that best describes your pain on average.

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10
No Pain *Worst Pain Imaginable*

Considering your pain over the past week, choose the number that best describes how it has interfered with your-

General Activity:

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10
Does Not Interfere *Completely Interferes*

Mood:

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10
Does Not Interfere *Completely Interferes*

Walking Ability:

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10
Does Not Interfere *Completely Interferes*

Normal Work:

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10
Does Not Interfere *Completely Interferes*

Relations with Other People:

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10
Does Not Interfere *Completely Interferes*

Sleep:

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10
Does Not Interfere *Completely Interferes*

Enjoyment of Life:

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10
Does Not Interfere *Completely Interferes*

General Office Policies

If you believe your concern is a medical emergency, call 911 or seek immediate medical assistance at the nearest full service emergency room.

Scheduling & Nurse Calls

Reaching our Practice

You can reach our office at (318) 797-5848, during normal office hours of 8am-5pm Monday-Friday. You will be directed to the appropriate personnel for your specific question or concern: Scheduling, Billing, New Patient Coordinator, or Referrals.

Nurse Calls

Your phone call is automatically sent to a nurse when you leave a message with the receptionist. The nurses generally return calls within 48-72 hours, depending on the nature of the call. If your call has not been returned within 72 hours, please call our office at (318) 797-5848 and ask to speak to the practice manager. Please do not make multiple phone calls to the office within the day. You will be asked to make an appointment for issues of general consultation other than medication side effects.

Appointments

When to Arrive for Your Appointment

FOR CLINIC APPOINTMENTS, patients are requested to arrive 15 minutes before their scheduled appointment time and have visit paperwork completed prior to coming. Paperwork can be completed in Patient Portal or printed from the website page [Online Forms](#).

FOR NEW PATIENTS, we ask that you arrive at least 30 minutes prior to your scheduled appointment time and visits generally last 2-3 hours. Please allow time and prepare for a visit of this length on the day of your initial appointment. Please make sure you complete all required new patient paperwork prior to your visit and bring them to your appointment. This information will be used by the provider during your evaluation. Failure to have the forms completed prior to your arrival may result in your appointment being delayed or rescheduled. If possible, you may fax, email, or mail back to our facility.

You can download, print, and complete this paperwork prior to your visit. New Patient Paperwork can be found on our website under the [New Patient Information](#) webpage. If you bring your completed paperwork with you, please arrive 15 minutes prior to your scheduled appointment time.

FOR PROCEDURES, patients need to arrive 30 minutes before their scheduled procedure time. It takes time to prepare for your procedure including check-in, changing, taking your vitals, placing your IV, etc. We want to make sure we have enough time to give you truly great care and not rush anything. Absolutely no prescriptions or prescription refills will be given on the day of procedure.

Late Appointments

Our practice strives to provide not only the finest medical care, but also to provide a high level of efficiency and patient service. In order to have adequate office hour coverage, and to keep on schedule during our office hours, please arrive 15 minutes before your scheduled appointment (unless instructed otherwise) and call ahead if you anticipate being late for your appointment. If you arrive past your scheduled appointment time, and you have not completed your visit paperwork prior the appointment, you may have to reschedule for another day. If you need a prescription refill, the receptionist will have a nurse contact you to discuss your prescription refill.

Cancellations & No Shows

Please notify our office no later than 24 hours prior to your scheduled appointment if you cannot be present for your appointment. You may be billed for a missed appointment if you fail to call the office to cancel or reschedule. Following three (3) "no show" appointment cancellations you may not be allowed to reschedule another appointment. Pain medications cannot be called in, so it is imperative to keep scheduled appointments.

Surgery by Other Physicians

You will need to schedule an appointment with our clinic **BEFORE** undergoing any surgical procedure for any condition that you receive treatment for by this clinic.

Opioid Treatment

If you are receiving narcotics from our office, please remember that you have signed a written agreement to follow certain safeguards. The purpose of the narcotic treatment agreement that you sign is to help us maintain a safe, controlled treatment plan for you. You must remember:

- You are not to receive pain medications from any other physician besides those at River Cities Interventional Pain Specialists. We monitor your pharmacy records periodically and if discovered that you have obtained narcotics from another provider, it will result in a referral for addiction treatment and loss of prescription privileges
- You must use the same pharmacy to fill all of your prescriptions.
- You must take your medication exactly as instructed. Do not change dosage amounts without talking to our office first. If you want to change medications, you must bring unused medicine with you to your appointment.
- You must keep all regular follow-up appointments.

It is important to make sure that you have enough medication to make it through the weekend or after hours. Medication refills will not be called in or refilled by the provider on call after hours or on weekends.

Forms and Letters

Work Excuses

If you require a work excuse, please ask for it at the time of your appointment. Work excuses are only allowed for the same day of a scheduled appointment or procedure.

Disability Forms

Our requirements for the completion of disability forms or letters are listed below:

- Our office will not initiate long-term disability.
- There will be a charge that must be paid prior to the completion of the form/letter. The charge for most forms is \$25.00.
- Ten (10) to fourteen (14) working days will be required for the completion of the form/letter.
- The completion of some forms/letters may require an office visit if additional assessment is required.
- The office will consider continuance of disability forms, first initiated by another provider, subject to review and decided upon by a case-by-case basis.

We reserve the right to refuse to complete a form if it requests information that we do not have as part of your treatment plan.

My signature below verifies that I have read and understand the *General Office Policies* outlined above and that a copy of the policy is available to me upon my request.

Print Patient Name

Date of Birth

Patient/Guardian Signature

Date