

## MULTIDISCIPLINARY PAIN CLINIC

<b>Patient details</b>	<b>Date of clinic appointment</b>	<b>Phone no.</b>
	<b>Pain site</b>	
<b>History of present complaint</b>		
<b>Pain constant</b>	<b>Shooting pain</b>	
<b>Pain intermittent</b>	<b>Previous Treatments</b>	
<b>Employment / DLA</b>	<b>Hobbies</b>	
<b>Sleep pattern / problems</b>		
<b>Aggravating factors</b>	<b>Easing factors</b>	
<b>General Health</b>  <b>PMH / OP's</b>	<b>Medication</b>  <b>Allergies</b>	
<div style="display: flex; justify-content: space-between;"> <div> <b>Red Flags</b>  <b>Unremitting night pain</b>  <b>Ability to lie supine</b>  <b>WT loss</b>  <b>Unsteady gait</b>  <b>Cough / sneeze</b> </div> <div> <b>FH Ca</b>  <b>PH Ca</b>  <b>B&amp;B</b>  <b>Bilat P&amp;N</b> </div> <div> <b>SA</b> </div> </div>		
<b>Signature:</b>	<b>Print name:</b>	

## PSYCHOSOCIAL ASSESSMENT

### ATTITUDES AND BELIEFS ABOUT PAIN

(What do you think is the cause of your pain?)

### BEHAVIOURS – COPING STRATEGIES

(What are you currently doing to relieve your pain?)

### COMPENSATION AND WORK ISSUES

(Is your pain placing you in financial difficulties?)

### EMOTIONS

(Is there anything worrying you?)

### FAMILY

(How does your family react to your pain)

**FUNCTION** Shopping, house work, cooking, walking and self care.  
(Impact on A.D.L.)

### DIAGNOSIS AND TREATMENT ISSUES

Signature:  
Designation:

Print name: