

# Pain Management Work up and Risk Assessment

Name			ID#		Date	
Pain Dx's:					DOB	
					Gender M/F	
<b>Opioid Risk Tool<sup>1</sup></b>	<b>Mark all that apply</b>	<b>Score if Female</b>	<b>Score if Male</b>	<b>Additional Risk Assessments</b>		<b>Comments</b>
				Drug Screen	Y/N	
<b>Family Hx of Substance Abuse</b>				DOPL Screen	Y/N	
Alcohol	[ ]	1	3	Risk of Obstructive Sleep Disorder	Y/N	
Illeg Drugs	[ ]	2	3			
Prescrp	[ ]	4	4			
<b>Personal Hx of Substance Abuse</b>				Obesity	Y/N	BMI =
Alcohol	[ ]	3	3	Hx of Sleep Apnea	Y/N	
Illeg Drugs	[ ]	4	4			
Prescrp	[ ]	5	5			
<b>Hx of Preadolescent Sexual abuse</b>				<b>Baseline Measures</b>		<b>Comments</b>
	[ ]	3	0	Analgesia <sup>2</sup> (Pain 0-10)		
<b>Age</b>	16-45 yrs	[ ]	1	1	Activity <sup>3</sup> (Function 0-10)	
<b>Depression</b>	[ ]	1	1	Adverse Events		Y/N
<b>Psychiatric Disease</b>				Aberrant Behavior		Identify
ADD	[ ]	2	2			
OCD	[ ]	2	2			
Bipolar	[ ]	2	2			
Skiz	[ ]	2	2			
<b>Total</b>	[ ]					
<b>Consultation/Referral:</b>						<b>Comments</b>
If receiving Morphine equivalent $\geq$ 120 mg/day						
or Methadone $\geq$ 50 mg/day <b>then</b> Sleep Apnea Test Y/N						
If receiving Methadone $\geq$ 50 mg/day <b>then</b> EKG (Qt) Y/N						
<b>Treatment agreement discussed and signed by patient</b>						<b>Date</b>
<b>Patient Goals</b>				Identify aberrant behavior which indicates discontinuation		
Analgesia Pain <sup>2</sup> (0-10)	Activity - Function <sup>3</sup> (0-10)	Adverse Events - #				
<sup>1</sup> Opioid Risk Tool (Webster & Dove, 2007) - low risk (routine care), moderate risk (increased monitoring frequency) high risk (consider referral to Substance Abuse and/or Pain Management specialists) <sup>2</sup> Pain Intensity 0 = no pain, 5 = moderate pain, 10 = worst pain imaginable <sup>3</sup> Activity Function 0= no limitations, 5 = limitations (difficulty working, lifting, exercising, or conducting daily living activities) 10 = severe limitations (unable to work, conduct daily living activities, lift, or exercise)						

# Pain Management Follow-Up

Name				ID#			Date	
Pain Dx's:							DOB	Gender M/F
<b>Initiation of Trial</b>			<b>Start Date</b>			<b>Review Date</b>		
Visit Frequency <sup>1</sup> Date	Analgesia - Pain (0-10)	Activity - Function (0-10)	Adverse Events - #	Aberrant Behavior - Identify	DOPL Check	Random Drug Screen	Comments (Date)  Discontinuation Change (Date)	
<b>Titration - Visit = 2 - 4 weeks</b>								
Visit Frequency <sup>1</sup> Date	Analgesia - Pain (0-10)	Activity - Function (0-10)	Adverse Events - #	Aberrant Behavior - Identify	DOPL Check	Random Drug Screen	Comments (Date)  Discontinuation Change (Date)	
<b>Maintenance - Visit = Quarterly</b>								
Visit Frequency <sup>1</sup> Date	Analgesia - Pain (0-10)	Activity - Function (0-10)	Adverse Events - #	Aberrant Behavior - Identify	DOPL Check	Random Drug Screen	Comments (Date)  Discontinuation Change (Date)	
<sup>1</sup> Monitoring Frequencies (Webster 2007) Low Risk (0-3) - Routine Mod Risk (4-7) - Bi-Weekly High Risk ≥ 8 - Weekly								