



PAIN DIARY FOR MEDIAL BRANCH BLOCKS

This pain diary is based on a scale of 0 (no pain) to 10 (worst imaginable pain). Please be sure to complete this pain diary as accurately as possible. You may 1) bring this form to your next appointment if you are already scheduled for one, 2) fax this when complete to 757-422-4563 (no coversheet needed) or 3) mail to:

***APM Spine and Sports Physicians Procedure Room
5665 Lowery Road
Norfolk, Virginia 23502***

Patient: _____ Date: _____

Procedure: _____ Dr. _____

Please rate your pain on a scale of 0 (no pain) to 10 (worst pain possible):

Pain rating before the injection: Time _____ Area: _____

0 1 2 3 4 5 6 7 8 9 10



30 minutes after injection: Time: _____

0 1 2 3 4 5 6 7 8 9 10

1 hour after: Time: _____

0 1 2 3 4 5 6 7 8 9 10

2 hours after: Time: _____

0 1 2 3 4 5 6 7 8 9 10

3 hours after: Time: _____

0 1 2 3 4 5 6 7 8 9 10

4 hours after: Time: _____

0 1 2 3 4 5 6 7 8 9 10

6 hours after: Time: _____

0 1 2 3 4 5 6 7 8 9 10

8 hours after: Time: _____

0 1 2 3 4 5 6 7 8 9 10

1 day after: Time: _____

0 1 2 3 4 5 6 7 8 9 10

2 days after: Time: _____

0 1 2 3 4 5 6 7 8 9 10