

Patient Progress Note

Date: ___/___/___

Name: _____ MR#: _____

Chief Complaint: _____

Pain is: Better / Worse / Same **Recent Procedure:** _____

Pain level:

Today: 1 2 3 4 5 6 7 8 9 10 Average over 2 weeks: 1 2 3 4 5 6 7 8 9 10
Best in last 2 weeks: 1 2 3 4 5 6 7 8 9 10 Worst in past 2 weeks: 1 2 3 4 5 6 7 8 9 10

Is there any new: Bowel accidents: Y / N Bladder accidents: Y / N
Sensory loss: Y / N Muscle weakness: Y / N
Change in sleep: Y / N Change in mood: Y / N
New illness: Y / N New medications: Y / N

Pain Medication: _____

Change in activity: _____ **Side effects:** _____

Social History: Tobacco: _____ Alcohol: _____ Work status: _____

Review of Systems: (Circle all that apply) Unplanned weight loss / Fever / Ringing in the ears /
Dizziness // Double vision / Chest pain / Shortness of breath / Cough / Wheezing / Nausea / Vomiting /
Diarrhea / Constipation / Bloody stools / Black stools / Difficulty urinating / Rash / Bruising / Seizure /
Recent memory loss / Heat or cold intolerance / Suicidal thoughts / Fatigue / Decreased sex drive

Please draw the location and quality of your pain: O – Numbness X – Stabbing
+ - Burning ^ - Aching T – Throbbing

Pain better with: _____

Pain worse with: _____

