

# Outline for Initial Evaluation of Chronic Pain

**Current pain details** (PQRST: provokes, quality, radiates, severity, time)

## Medications

(Include adjuvants [e.g., SSRI/SNRI, TCAs, anticonvulsants] and opioids)

Previous

Current

Allergies and intolerances

What has worked/what hasn't worked (?)

## Non-invasive treatments

(e.g., physical therapy, TENS, acupuncture, chiropractic)

## Invasive diagnostic/therapeutic procedures

(e.g., nerve blocks, stimulation trials, epidural injections, surgery)

## Patient's goals

## Past medical history

## Family history

(include alcohol, drug use, psych, chronic pain)

## Psychosocial history

Living arrangements

Work history/status

Insurance

Legal matters (e.g., disability, law suits, DUI)

Family or personal history of violence, sexual abuse

Psychiatric history (e.g., depression, anxiety/panic, hallucinations, suicide attempt, hospitalized?), specific diagnosis/therapy

## Substance abuse

Alcohol history (ever a problem? DUI?)

Tobacco

Illicit drugs

Caffeine

## Review of systems

## Physical exam

## Imaging, electromyogram, laboratory tests

## Urine comprehensive drug screening (DRUG COMP)

## Check opioid registry (e.g., MAPS)

## Assessment/Problems

## Plan (Shared goals for functional improvement: work/home/social interpersonal/recreation)

Medical management

Psychiatric management

Lifestyle interventions

Physical modalities

Family involvement

Follow-up