Pain Assessment and Management Record

Patient Name:

Date of Entry:

Medical Record Number:

Date of Birth:

Pain Assessment

Date & Time	Pain Location	Pain Intensity (0-10)	Quality/Description	Duration	Aggravating Factors	Relieving Factors	Associated Symptoms	Assessed By

Pain Management Interventions

Date & Time	Intervention (Medication/Therapy)	Dose/Details	Route	Effectiveness	Side Effects	Administered By

Additional Notes