ANESIS
SPINE & PAIN CARE
Medical services provided by
Pain Care Physicians, PLLC

Post Procedure Pain Diary

Patient Name: _____ **DOB:** _____

Procedure Performed: _____ **Date Performed:** _____

Side: **RIGHT** **LEFT** **BILATERAL**

List 2 activities that are limited or worsened by your pain: **(Please focus on the area worked on today and remain active throughout the day)**
1.
2.

Please Note: This medication will wear off and your pain will return to baseline levels in 4-6 hrs after the first injection and 2-4 hours after the second injection.

Please circle the number which best describes the pain for which the injection was performed:
(0 is no pain, 10 is the worst pain)

Pre-Injection:

0	1	2	3	4	5	6	7	8	9	10

At 1 hour:

0	1	2	3	4	5	6	7	8	9	10

At 2 hours:

0	1	2	3	4	5	6	7	8	9	10

At 3 hours:

0	1	2	3	4	5	6	7	8	9	10

At 4 hours:

0	1	2	3	4	5	6	7	8	9	10

At 5 hours:

0	1	2	3	4	5	6	7	8	9	10

At 6 hours:

0	1	2	3	4	5	6	7	8	9	10

Next Day:

0	1	2	3	4	5	6	7	8	9	10