



Pain management plan

Patient's name: _____ Date: _____

Diagnosis/reason for pain: _____

Medical practitioner's name: _____

Medical practitioner's contact details: _____

Medicines for managing pain

Medicine	Strength	Dosing instructions	Other instructions or comments
1.			
2.			
3.			
4.			
5.			

Other approaches to manage pain (other than medicine use)

1. _____

2. _____

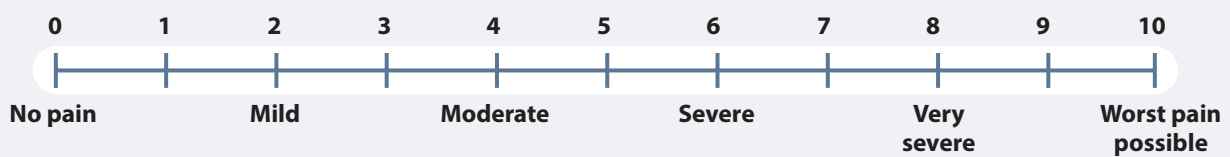
3. _____

4. _____

5. _____

			Review	
Treatment goals e.g. improvement in pain score (see below) or a functional goal such as being able to walk around the block	Review date i.e. timeframe to achieve treatment goal	Comments	✓	✗
1.				
2.				
3.				
4.				

Tool for assessing pain:



N.B. This is just one example of a pain assessment tool. For other examples, see:
<https://aci.health.nsw.gov.au/chronic-pain/health-professionals/assessment>

Action to take if pain is not improving or gets worse between appointments:

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