

**Northwest Pain Management Associates
A Division of Proliance Surgeons
6808 220th Street S.W., Suite 201
Mountlake Terrace, Washington 98043**

POST PROCEDURE PAIN RELIEF REPORT FORM

Directions: This form is to be completed by the patient, or someone recording the patient's responses, in "real time" following the administration of a procedure. Pain relief level should be recorded while doing activities that previously caused pain. Please put a check mark in the box that most accurately describes the degree of pain relief. Continue to put marks in the appropriate boxes every fifteen minutes for at least 6 hours following the procedure. Please fax this for back to the fax number below AND bring it to your next appointment.

Patient Name:

DOS:

Time of block:

Surgeon: Geoffrey Tyson, M.D.

Date of Birth:

Procedure:

Fax report to 425-640-6977 AND bring to next appointment

My pain is:

Time	100% Totally gone	80% Pretty much gone	50% Half way gone	20% Barely gone	0% Usual level, no relief	Time	100% Totally gone	80% Pretty much gone	50% Half way gone	20% Barely gone	0% Usual level, no relief
8:00 am						4:00 pm					
8:15						4:15					
8:30						4:30					
8:45						4:45					
9:00 am						5:00 pm					
9:15						5:15					
9:30						5:30					
9:45						5:45					
10:00am						6:00 pm					
10:15						6:15					
10:30						6:30					
10:45						6:45					
11:00am						7:00 pm					
11:15						7:15					
11:30						7:30					
11:45						7:45					
12:00pm						8:00 pm					
12:15						8:15					
12:30						8:30					
12:45						8:45					
1:00 pm						9:00 pm					
1:15						9:15					
1:30						9:30					
1:45						9:45					
2:00 pm						10:00pm					
2:15						10:15					
2:30						10:30					
2:45						10:45					
3:00 pm						11:00pm					
3:15						11:15					
3:30						11:30					
3:45						11:45					