

Integrated Pain Specialists of Southern California, Inc.

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Procedure Pain Diary

Patient's Name: _____ DOB: _____ Today's Date: _____

Date of Procedure: _____ Procedure Performed: _____

	Less Pain					Most Pain				
PRE-OP PAIN SCORE (circle one):	1	2	3	4	5	6	7	8	9	10
Post-op Pain Score (30 min.)	1	2	3	4	5	6	7	8	9	10
Post-op Pain Score (1 hour)	1	2	3	4	5	6	7	8	9	10
Post-op Pain Score (2 hours)	1	2	3	4	5	6	7	8	9	10
Post-op Pain Score (6 hours)	1	2	3	4	5	6	7	8	9	10
Post-op Pain Score (12 hours)	1	2	3	4	5	6	7	8	9	10
Post-op Pain Score (24 hours)	1	2	3	4	5	6	7	8	9	10
Post-op Pain Score (48 hours)	1	2	3	4	5	6	7	8	9	10
Post-op Pain Score (1 week)	1	2	3	4	5	6	7	8	9	10
Post-op Pain Score (2 weeks)	1	2	3	4	5	6	7	8	9	10
Post-op Pain Score (4 weeks)	1	2	3	4	5	6	7	8	9	10