

# Foothills Pain Management Clinic

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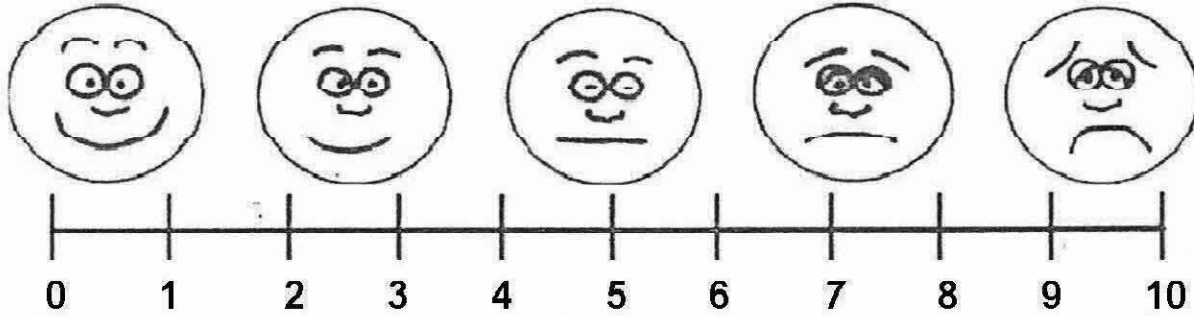
Patient Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Pain Diary

Please document your pain and activities using the provided scale and bring this to your next scheduled appointment so your provider can determine your course of treatment.

Your Next Appointment is: \_\_\_\_\_ at \_\_\_\_\_ AM/PM

Procedure Performed: \_\_\_\_\_ on \_\_\_\_/\_\_\_\_/\_\_\_\_



Date	Time	Activity Level	Pain Level 1-10	Medication Taken & Dosage	Where is Your Pain
	Pre-Injection				
	Post-Injection				
	2 Hours				
	4 Hours				
	6 Hours				
	8 Hours				
	12 Hours				
	24 Hours				
	48 Hours				
	72 Hours				
	7 Days				

Overall Percentage of Pain Relief after 7 days: \_\_\_\_\_% After 2 Weeks: \_\_\_\_\_%

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician Signature