

McLaren Print System Order

Order No: 56075 Reprint Previous Order No: 5255
 Order Date: 2020-08-13
 User: melissa lawrukovich
 Phone: 2486560472

Ship Location: McLaren Oakland BayBrooke
 950 University
 Pontiac , MI

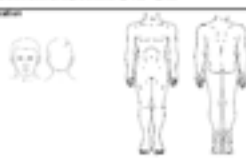
Forms

Quantity: 500
 Paragon Dept No: 26815
 Dept Name: Lake Orion Family Medicine
 Company Number: 810

Order Total Price: 0.00

Item Number: MM-28
 Item Description: Chronic Pain Progress Note
 Revision Date: 7/2009
 Print: 2 sided black and white
 Paper: 20# White Text
 Size: 8.5 x 11
 Fold:
 Finish:
 Drill: None
 Misc Info:

McLaren Medical Group
Chronic Pain Progress Note

Date	Progress regarding pain management
Reason for visit	Have you had a visit for this patient? <input type="checkbox"/> Yes <input type="checkbox"/> No Is there a pain management contract signed within the past 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No
Chief Complaint	If there is not a pain management contract, or there is one greater than 6 months old, has the team updated? <input type="checkbox"/> Yes <input type="checkbox"/> No
Functional Levels 1. Has pain increased over the past week? <input type="checkbox"/> No <input type="checkbox"/> Yes 2. Is patient limited in their activities of daily living? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, what activities of daily living are limited? <input type="checkbox"/> Standing <input type="checkbox"/> Lifting <input type="checkbox"/> Walking <input type="checkbox"/> Up or down stairs <input type="checkbox"/> Getting dressed <input type="checkbox"/> Standing over <input type="checkbox"/> Other _____ 3. Use the following scale to indicate the patient's current functional level at home. (circle one) 0 = 10 min time to walk pain score = 10 0 1 2 3 4 5 6 7 8 9 10 What was the patient's functional level at home the first time you treated them for pain? (put number here) _____ Has there been an improvement? <input type="checkbox"/> Yes <input type="checkbox"/> No 4. Has the patient used? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, continue to #4 5. Use the following scale to indicate the patient's current functional level at work. (circle one) 0 = 10 min time to walk pain score = 10 0 1 2 3 4 5 6 7 8 9 10 What was the patient's functional level at work the first time you treated them for pain? (put number here) _____ Has there been an improvement? <input type="checkbox"/> Yes <input type="checkbox"/> No Has the patient had any of the following changes in daily activities or habits? <input type="checkbox"/> Smoking <input type="checkbox"/> Use of alcohol/drug use <input type="checkbox"/> Medication <input type="checkbox"/> Changes in mood/behavior <input type="checkbox"/> Exercise (change walking, etc.) <input type="checkbox"/> Other _____	Medications All current medications Pain Rating Use the following scale to track the patient's pain rating. (circle one) 0 = 10 min time to walk pain score = 10 0 1 2 3 4 5 6 7 8 9 10 What was their pain rating at last visit? (put number here) _____ Has there been an improvement? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Location 
	Notes 000 000 000 000 _____ Signature _____

PAIN PROGRESS NOTES
MM-28 (Rev. 7/09)