



Pain and Rehabilitative Medicine Consultation

Date: _____

Patient Location (ward/cage): _____

Service and Clinician Requesting: _____

Weight: _____ BCS: _____

Current Meds: _____

History: _____

Chief Complaint: _____

Educational Consult (N/C) Consult (\$30) See Procedural and Drug Related Cost Sheet

S/Observation:

Objective: Vital parameters: T=_____ PR=_____ RR=_____ Blood Pressure/Method:_____

CV/Vascular Exam (edema, skin, TE, ulcers)

Musculoskeletal (ROM=goniometry, gait assessment, girth measurement)

Neuro (sensory/motor):

Pain Score: 0=Comfortable, 5=Very Painful

Anxiety Score: 0=None, 5=Very Anxious

0 1 2 3 4 5

0 1 2 3 4 5

Pain Classification:

Nociceptive Somatic Visceral Neuropathic Deafferentation CRPS Psychogenic

Provocation, Quality, Region & Radiation, Severity & Score, Temporal Frame (PQRST):

Assessment/probable etiologies of pain, dysfunction:

Plan: Primary suggestions/additional diagnostics:

Plan: Ancillary suggestions:

Procedural and drug information:

Anesthesia and Pain/Rehab Service Clinician