Spine & PainCare

Because surgery is not the first option!

Post Procedure Pain Diary

Name _____

Procedure _____ **Date of Procedure** _____

	No Pain → → → → Most Intense Pain											Patient Notes
Pre-Procedure	0	1	2	3	4	5	6	7	8	9	10	
2 Hours Post Procedure	0	1	2	3	4	5	6	7	8	9	10	
4 Hours Post Procedure	0	1	2	3	4	5	6	7	8	9	10	
6 Hours Post Procedure	0	1	2	3	4	5	6	7	8	9	10	
1 Day Post Procedure	0	1	2	3	4	5	6	7	8	9	10	
2 Days Post Procedure	0	1	2	3	4	5	6	7	8	9	10	
3 Days Post Procedure	0	1	2	3	4	5	6	7	8	9	10	
4 Days Post Procedure	0	1	2	3	4	5	6	7	8	9	10	
5 Days Post Procedure	0	1	2	3	4	5	6	7	8	9	10	
6 Days Post Procedure	0	1	2	3	4	5	6	7	8	9	10	
7 Days Post Procedure	0	1	2	3	4	5	6	7	8	9	10	
8 Days Post Procedure	0	1	2	3	4	5	6	7	8	9	10	
9 Days Post Procedure	0	1	2	3	4	5	6	7	8	9	10	
10 Days Post Procedure	0	1	2	3	4	5	6	7	8	9	10	
11 Days Post Procedure	0	1	2	3	4	5	6	7	8	9	10	
12 Days Post Procedure	0	1	2	3	4	5	6	7	8	9	10	
13 Days Post Procedure	0	1	2	3	4	5	6	7	8	9	10	
14 Days Post Procedure	0	1	2	3	4	5	6	7	8	9	10	

***** IMPORTANT*****

IN ORDER TO ACCURATELY MONITOR THE SUCCESS OF YOUR TREATMENT, PLEASE DOCUMENT THE ABOVE INFORMATION AND RETURN IT TO YOUR DOCTOR AT YOUR NEXT VISIT. THANK YOU.