

Pain Services patient questionnaire

Our Pain Clinic Service works to support you and your GP to manage your pain. The treatments we offer are familiar to your GP and your GP will be experienced in managing day-to-day queries about your pain treatment.

- We aim to help you develop physical, emotional, intellectual, and social skills to help you regain control of your life and enhance the quality and pleasure of that life, despite the pain.
- Provide a joined up, multi-professional patient specific assessment of your pain and put in place an individual management plan, enabling you to lead a more normal life with reduced disability.
- Promote self-management, with related benefits of fewer inappropriate medical appointments and re-admissions.

More information about our service can be found in the patient information leaflet your GP will give you

PLEASE COMPLETE IN BLACK INK

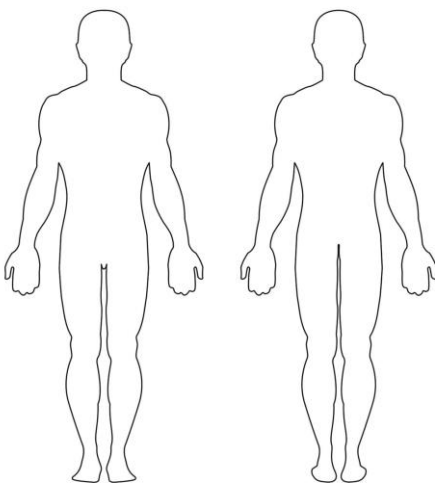
1. When did your pain start?

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2. Where is your pain? Mark the area on the diagram below

Front

Back



Is your pain affecting the following?:

Quality of life.....YES.....NO

Sleep.....YES.....NO

Ability to work.....YES.....NO

Depression.....YES.....NO

Other (describe).....
.....
.....

What treatment have you had so far for your pain? (medication [current and any tried previously that have now been stopped], surgery, injections, physiotherapy, TENS, acupuncture etc. Please list.....
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Have you had an appointment at a pain clinic before? If so please list the dates you were seen and the hospital you attended. If your circumstances have changed since then, please provide all relevant details
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What are the main things you wish to gain from a pain clinic referral?
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Has your doctor referred you to another service about the same problem?
YES.....NO

1. I have read the patient information leaflets on the pain clinic and tried self-management, and understand that whilst the aim of the Pain clinic is initially to try to alleviate or reduce pain, this may not be possible, and when this is the case the aim is to improve quality of life despite pain.



2. I understand persistent pain is a long-term problem, and I am willing to engage in a holistic self-management approach

Patient name.....

Signature.....

