

Sample Pain Management Treatment Plan Template

Date:

RE: [patient first name] [patient last name]

Chief Complaint:

Pain Level: (1-10 scale):

History of Present Illness:

Past Medical History:

Diagnostic Tests Performed, Results, Date Performed:

Medications:

Past medications/dosages/results:

Current medications/dosage/results/prescriber(s):

Recreational/illegal/over-the-counter drugs

Any currently being used? What?

Past treatments/results/time:

Physical therapy:

trigger point injections:

epidural injections:

facet:

radiofrequency ablation:

dorsal column stimulation implant:

Current Disability Status:

Partially disabled:

Total disabled:

Not disabled:

Social History:

Single, married, partner:

Smoking history: what, how much, how often

Alcohol use: what, how much, how often (per day or week)

Family history of drug or alcohol use?

Family history of suicide attempts?

Educational Level:

High school

College/trade school

Other?

Physical Examination:

Appearance:

Vital Signs:

Blood pressure _____, pulse _____, respiration _____

HEENT: _____

Lungs: _____

COR: _____

Skin: _____

Extremities: _____

Pulses: _____

Neck: _____

Back: _____

Active range of Motion: _____

Manual Muscle Power Testing: _____

Sensation: _____

Deep Tendon Reflexes: _____

Gait: _____

Diagnosis:

Treatment Plan:

Problem:

Goal 1:

Objective 1:

Established _____; targeted completion _____; completed on _____

Objective 2:

Established _____; targeted completion _____; completed on _____

Objective 3:

Established _____; targeted completion _____; completed on _____

Interventions:

Client actions:

Clinician actions:

Shared decisions;

Future sessions (length, frequency, duration)