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/illicit/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:
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)