

# Nerve Block Pain Relief Report



Patient Name:

Date of Birth:

Date of Injection:

## My Pain Is:

TIME	100% Totally Gone	80% Pretty Much Gone	50% Somewhat Gone	20% Barely Gone	0% Usual Level	TIME	100% Totally Gone	80% Pretty Much Gone	50% Somewhat Gone	20% Barely Gone	0% Usual Level
8:00						7:00					
8:15						7:15					
8:30						7:30					
8:45						8:15					
9:00						8:30					
9:15						8:45					
9:30						9:00					
9:45						9:15					
10:00						9:30					
10:15						9:45					
10:30						10:00					
10:45						10:15					
11:00						10:30					
11:15						10:45					
11:30						11:00					
11:45						11:15					
12:00						11:30					
12:15						11:45					
12:30						12:00					
12:45											
1:00											
1:15											
1:30											
1:45											
2:00											
2:15											
2:30											
2:45											
3:00											
3:15											
3:30											
3:45											
4:00											
4:15											
4:30											
4:45											
5:00											
5:15											
5:30											
5:45											
6:00											
6:15											
6:30											
6:45											

ISIS# 1 2 3

MBFNB  IA FACET

• LEVELS \_\_\_\_\_

• Innervates Joints \_\_\_\_\_

Code M L

Right  Left

Nerve Root

• LEVELS \_\_\_\_\_

IA SIJ & IOL

DX

TX

• AGENT \_\_\_\_\_

• DOSE \_\_\_\_\_

LB NB

• L5 through S3

Covering Posterior

Innervation to SI Joint

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Directions: This form is to be completed by the patient, or somebody recording the patient's response in "real time" following a nerve block. The information on this form will be used to assess the effect of such blocks. Put check marks in the box that most accurately describes the degree of pain relief. Continue to put marks in the appropriate boxes until the level of pain is at its usual level (that is, until the effect of the block has worn off).

Please deliver this form to our office the next day by text, fax or email. This is an important form and treatment may be delayed if it is not received.

Phone: 612-670-4971 Fax: 612-404-2580 or mthao@msispine.com