



Chronic Pain Initial Patient Assessment Documentation Checklist

Your practice should develop a policy regarding the management of patients with chronic pain. The policy should include assessment, treatment and follow-up protocols developed in accordance with currently acceptable guidelines.

Maintain a current medical record on each patient. Obtain the patient's past medical records and thoroughly review information received. Prior to prescribing opioids, the patient should receive a comprehensive evaluation, which should be documented in the patient's medical record. The following checklist will provide guidance for chronic pain initial assessment documentation.

	Yes	No
Complete a comprehensive patient evaluation		
Chief complaint	<input type="checkbox"/>	<input type="checkbox"/>
Chronologic history of the development of the present pain, including:		
Location	<input type="checkbox"/>	<input type="checkbox"/>
Quality	<input type="checkbox"/>	<input type="checkbox"/>
Severity	<input type="checkbox"/>	<input type="checkbox"/>
Timing	<input type="checkbox"/>	<input type="checkbox"/>
Context	<input type="checkbox"/>	<input type="checkbox"/>
Modifying factors and associated signs and symptoms	<input type="checkbox"/>	<input type="checkbox"/>
Review of systems including:		
Evaluation of the effect of pain on physical and psychological function	<input type="checkbox"/>	<input type="checkbox"/>
Past medical history: pain medication, illnesses, operations, treatment	<input type="checkbox"/>	<input type="checkbox"/>
Family history: pain complaints, substance use disorder, alcoholism, depression, anxiety and other psychological disorders	<input type="checkbox"/>	<input type="checkbox"/>
Social history	<input type="checkbox"/>	<input type="checkbox"/>
Evidence of review of patient past medical records	<input type="checkbox"/>	<input type="checkbox"/>
Appropriate tests ordered	<input type="checkbox"/>	<input type="checkbox"/>
Impression and diagnosis documented	<input type="checkbox"/>	<input type="checkbox"/>
Assess and document patient's potential for substance use disorder	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
Develop and document a treatment plan		
One of more indications for prescribing a controlled substance are listed	<input type="checkbox"/>	<input type="checkbox"/>
List objectives used to evaluate success of prescribed treatment plan:		
Address pain relief	<input type="checkbox"/>	<input type="checkbox"/>
Address improved physical function	<input type="checkbox"/>	<input type="checkbox"/>
Address psychosocial function	<input type="checkbox"/>	<input type="checkbox"/>
Document other recommended treatment modalities	<input type="checkbox"/>	<input type="checkbox"/>
Additional diagnostic tests ordered	<input type="checkbox"/>	<input type="checkbox"/>
Referrals for consultation	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No
Informed consent for treatment that includes drug therapy		
Explanation of the recommended drug therapy:		
Risks	<input type="checkbox"/>	<input type="checkbox"/>
Benefits	<input type="checkbox"/>	<input type="checkbox"/>
Alternatives	<input type="checkbox"/>	<input type="checkbox"/>
The patient:		
Demonstrated capacity	<input type="checkbox"/>	<input type="checkbox"/>
Given opportunity to ask questions	<input type="checkbox"/>	<input type="checkbox"/>
Questions answered	<input type="checkbox"/>	<input type="checkbox"/>
Patient demonstrated understanding of risks, benefits and alternatives	<input type="checkbox"/>	<input type="checkbox"/>
Patient gives consent	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No
Controlled Substance/Chronic Pain Control Agreement		
Practice's policy when prescribing controlled substances for chronic pain management includes:		
Patient's consent to random drug screens	<input type="checkbox"/>	<input type="checkbox"/>
Clinician as the single source of controlled substances	<input type="checkbox"/>	<input type="checkbox"/>
Requirement for random pill counts	<input type="checkbox"/>	<input type="checkbox"/>
Single pharmacy specified	<input type="checkbox"/>	<input type="checkbox"/>
Patient's written informed consent to release the agreement to local ED and pharmacies and for those clinicians to report violations to treating provider	<input type="checkbox"/>	<input type="checkbox"/>
Patient Education:		
Prescription management	<input type="checkbox"/>	<input type="checkbox"/>
Security of medication	<input type="checkbox"/>	<input type="checkbox"/>
Risk of physical dependence	<input type="checkbox"/>	<input type="checkbox"/>
Opioid therapy discontinuation:		
Treatment goals are met	<input type="checkbox"/>	<input type="checkbox"/>
Agreement violation	<input type="checkbox"/>	<input type="checkbox"/>

Illegal activity and notification of proper authorities	<input type="checkbox"/>	<input type="checkbox"/>
Acknowledgement of patient understanding	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No
Follow-up Appointment		
Initial 14 day follow-up appointment	<input type="checkbox"/>	<input type="checkbox"/>
If greater than 14 day follow-up, there is supporting documentation	<input type="checkbox"/>	<input type="checkbox"/>
Notes:		

Medical Mutual's "Checklists" are offered as reference information only and are not intended to establish practice standards or serve as legal advice. MMIC recommends you obtain a legal opinion from a qualified attorney for any specific application to your practice.