



## Chronic Pain Initial Patient Assessment Documentation Checklist

Your practice should develop a policy regarding managing patients with chronic pain. The policy should include assessment, including whether or not opioids should be initiated, risk assessment, treatment, including dosage and duration, and follow-up protocols developed in accordance with currently acceptable guidelines. Consider any assessments that may be needed to inform tapering dosages when opioids are going to be discontinued. Outline in the policy opioid prescribing limits that align with state and federal guidelines. For patients with a risk of or history of opioid use disorder or overdose who need a risk mitigation plan such as offering Naloxone, ensure your policy and procedures follow federal and state guidelines<sup>1</sup>.

Maintain a current medical record for each patient. Obtain the patient's past medical records and thoroughly review information received before seeing/treating the patient. 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.

Complete a comprehensive patient evaluation	Yes	No
Chief complaint		
Chronologic history of the development of the present pain, including:		
Location		
Quality		
Severity		
Timing		
Context		
Modifying factors and associated signs and symptoms		
Review of Systems		
Evaluation of the effect of pain on physical and psychological function		
Current pharmacological and non-pharmacological treatments being used to treat the pain		
Past medical history: pain medication, illnesses, operations, treatments		
Family history: pain complaints, degenerative disorders, drug or chemical dependency, alcoholism, substance abuse, depression, anxiety, and other psychological disorders		
Social history		
Evidence of review of patient past medical records		

Prescription Drug Monitoring Program (DPMP) patient inquiry* requirements vary by state		
Appropriate tests ordered		
Impression and diagnosis documented		
Risk Assessment (to evaluate the patient’s risk of misuse, abuse, diversion, addiction, or overdose)		
<b>Develop and document a treatment plan</b>	<b>Yes</b>	<b>No</b>
One of more indications for prescribing a controlled substance are documented		
List objectives that will be used to evaluate the success of the prescribed treatment plan:		
Pain relief (using standardized pain scale)		
Improved physical function		
Improved psychosocial function		
Any other objectives developed collaboratively with the patient		
Document all other recommended treatment modalities		
Document additional diagnostic tests ordered		
Document all recommended referrals shared with the patient		
<b>Obtain and document Informed consent for treatment</b>	<b>Yes</b>	<b>No</b>
Explanation of the recommended (opioid) drug therapy:		
Risks (addiction, overdose/death, dependence, etc.)		
Benefits		
Alternatives		
The patient:		
Demonstrated capacity		
Given an opportunity to ask questions		
Questions answered		
Patient demonstrated an understanding of risks, benefits, and alternatives		
Patient gives consent		
<b>Controlled Substance/Chronic Pain Control Agreement *informed consent can be incorporated into this agreement</b>	<b>Yes</b>	<b>No</b>
Practice’s policy when prescribing controlled substances for chronic pain management includes:		
Patient’s consent to random drug screens		
Clinician as the single source of controlled substances		
Requirement for random pill counts		
Single pharmacy specified		
Patient’s written informed consent to release the agreement to local ED and pharmacies and for those clinicians to report violations to the treating provider		
Patient Education:		
Prescription management		
Security of medication		
Risk of physical dependence		
Opioid therapy discontinuation:		
Treatment goals are met		

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

<sup>1</sup>CDC Clinical Practice Guideline for Prescribing Opioids for Pain- United States, 2022 (2022). Recommendations and Reports, 71(3), p. 1-95. DOI: [https://www.cdc.gov/mmwr/volumes/71/rr/rr7103a1.htm?s\\_cid=rr7103a1\\_w](https://www.cdc.gov/mmwr/volumes/71/rr/rr7103a1.htm?s_cid=rr7103a1_w)

U.S. Congress Congressional Budget Office (2022). The Opioid Crisis and Recent Federal Policy Responses, p. 1-38. DOI: <https://www.cbo.gov/system/files/2022-09/58221-opioid-crisis.pdf>

U.S. Congress (2016). The Comprehensive Addiction and Recovery Act (CARA) of 2016. DOI: <https://www.congress.gov/bill/114th-congress/senate-bill/524>

U.S. Congress (2016). The 21st Century Cures Act. DOI: <https://www.congress.gov/bill/114th-congress/house-bill/34/text/pl>

U.S. Congress (2018). SUPPORT for Patients and Communities Act. DOI: <https://www.congress.gov/bill/115th-congress/house-bill/6>

SAMHSA (2023). Recommendations for Curricular Elements in Substance Use Disorders Training. DOI: [Recommendations for Curricular Elements in Substance Use Disorders Training | SAMHSA](https://www.samhsa.gov/topics/prescription-drug-misuse-abuse)

SAMHSA: Prescription Drug Misuse and Abuse <https://www.samhsa.gov/topics/prescription-drug-misuse-abuse>

Misuse of Prescription Drugs: National Institute on Drug Abuse <https://www.drugabuse.gov/publications/research-reports/misuse-prescription-drugs/summary>

National Quality Foundation Opioid Stewardship Action Team: [http://www.qualityforum.org/National\\_Quality\\_Partners\\_Opioid\\_Stewardship\\_Action\\_Team.aspx](http://www.qualityforum.org/National_Quality_Partners_Opioid_Stewardship_Action_Team.aspx)

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