



Chronic Pain Patient Reassessment Documentation Checklist

When patients are prescribed controlled substances for pain control, individualized patient monitoring is necessary to achieve required results and to avoid an adverse outcome. The patient’s medical record should reflect a reassessment of the chronic pain control therapy based on state opioid prescribing guidelines.

The following checklist will provide guidance for chronic pain reassessment documentation.

	Yes	No
Complete a comprehensive patient reassessment		
Review of chief complaint	<input type="checkbox"/>	<input type="checkbox"/>
Assess the success, failure or progress made toward the established goal:		
Efficacy of pain relief	<input type="checkbox"/>	<input type="checkbox"/>
Improved physical function	<input type="checkbox"/>	<input type="checkbox"/>
Improved psychosocial function	<input type="checkbox"/>	<input type="checkbox"/>
Effectiveness of other recommended treatment modalities	<input type="checkbox"/>	<input type="checkbox"/>
Drug side effects	<input type="checkbox"/>	<input type="checkbox"/>
Assess impact of additional information on ongoing treatment:		
Urine drug screen results	<input type="checkbox"/>	<input type="checkbox"/>
Prescription monitoring program results	<input type="checkbox"/>	<input type="checkbox"/>
Pill count results	<input type="checkbox"/>	<input type="checkbox"/>
Treatments received through emergency department or other provider	<input type="checkbox"/>	<input type="checkbox"/>
Any suggestion of misuse or abuse of prescription medication	<input type="checkbox"/>	<input type="checkbox"/>
Illegal drugs	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>
Manic or violent outbreaks	<input type="checkbox"/>	<input type="checkbox"/>
Depressive behavior or thoughts of suicide	<input type="checkbox"/>	<input type="checkbox"/>
Assess patient for risk of abuse:		
Use of medication for psychological effects versus pain relief	<input type="checkbox"/>	<input type="checkbox"/>
Use of other controlled substances or illegal substances and/or alcohol	<input type="checkbox"/>	<input type="checkbox"/>
Obtaining additional pain medication	<input type="checkbox"/>	<input type="checkbox"/>
Selling their medication	<input type="checkbox"/>	<input type="checkbox"/>

Taking more medication than prescribed	<input type="checkbox"/>	<input type="checkbox"/>
Taking medication for reasons not prescribed	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No
Follow-up appointment		
Determine, based on the individual patient, what level of patient monitoring is necessary to achieve the required result and avoid an adverse outcome (check the box that applies): <input type="checkbox"/> 14 day follow-up <input type="checkbox"/> 28 day follow-up <input type="checkbox"/> 56 day follow-up <input type="checkbox"/> 84 day follow-up		
Comparison of prescriptions written against patient presenting for follow-up appointments support the appropriate level of patient monitoring	<input type="checkbox"/>	<input type="checkbox"/>
Comparison of other monitoring, e.g. urine drug screen, support the appropriate level of patient monitoring	<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.