



KEEPING TRACK OF  
YOUR CARE

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## **Patient Record Keeping Guidelines and Self-Assessment Forms**

### **Keeping Track of Your Care (2A)**

A pain diary is an indispensable tool for making sure your pain is being adequately assessed and assists our staff in optimizing your treatment plan.

Keeping track of your pain control plan makes it easier to tell if your treatment plan is working. Records can also help prevent confusion about medicine schedules. Choose the record keeping method that makes sense for your treatment plan. Patient record keeping is a necessary tool to determine changes in your treatment plan to bring you the necessary pain relief.

Bring your Records with you to each visit so that our trained staff can advise on various strains of medical marijuana to address your specific pain relief needs.

The ***List of Medicines and Side Effects*** form simply lists all of the medicines used in your pain control plan. You can also include other medicines that you are taking. This list can help you keep track when multiple medicines are prescribed.

The ***Pain and Pain Relief Record*** is a way to keep track of your pain, your pain relief and to report side effects from medicines. There is also room to write about any other methods you tried to relieve the pain. This form helps to show if the current treatment plan is effectively relieving pain and notifies our staff about unmanaged side effects.

***Describing Pain*** is an assessment tool that can help you tell about your specific pain. It takes little time to complete but this assessment can help our staff better understand your specific pain.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Instructions:

1. List each medicine and the amount to be taken each time
2. Write down what it is for (such as pain, constipation or nausea)
3. Describe method of intake (smoked, vapor, liquid, edible or pill form)
4. Write the exact time of day of intake.
5. List any side effects (such as queasy stomach, dizziness, etc.)

**List of Medicines and Side Effects (2B)**

<b>Date / Time</b>	<b>Name of Medicine</b>	<b>Dose or Amount</b>	<b>What it is for</b>	<b>Method of Intake</b>	<b>Side Effects</b>

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Instructions:

1. Pain rating: Rate the level of pain on a scale of 1-10 scale with 10 being extreme pain
2. Relief rating: Rate the amount of relief one hour after taking pain treatment using 1 for no relief and 10 for total relief.
3. Other things you have tried: List anything you tried to make the pain better (such as heat, cold, relaxation or staying still).
4. Side effects or other problems: List any problem, and keep track of your bowel movements.
5. Comments: Write anything you wish to share

**Pain and Pain Relief Record (2C)**

<b>Date / Time</b>	<b>Pain Rating</b>	<b>Pain Relief</b>	<b>Other Things You Tried</b>	<b>Side Effects</b>	<b>Comments</b>