



360 SPINE CARE






a Division of Vascular and Interventional Radiology
of Community Care Physicians

Leading the way to better spine health.






Post Procedure Pain Diary

Please Note: Record pain scores while **doing activities that previously caused you discomfort**. Check the chart box **every 30 minutes** for the column that most accurately describes the degree of your pain relief. Please do **this for the next 3-4 hours** after you leave the procedure room. Do not forget to **return a completed form** to our office at your next visit. This will help in making further treatment decisions. This form will become part of your medical record.

Procedure: _____ Side: _____

Time	 100% Totally Gone	 80% Pretty Much Gone	 50% Half Gone	 20% Barely Gone	 0% No Relief

LEFT

Time	 100% Totally Gone	 80% Pretty Much Gone	 50% Half Gone	 20% Barely Gone	 0% No Relief

RIGHT

Name: _____ Signature: _____ Date: _____