



# Pain Management Pre-Visit Checklist

*Do not print more than 1 week prior to appointment*

Patient: \_\_\_\_\_ DOB: \_\_\_\_\_

Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_ Provider: \_\_\_\_\_

Date of Last Urine Drug Screen: \_\_\_\_\_ Need to update at this visit? YES NO

Date of Last Pain Contract: \_\_\_\_\_ Need to update at this visit? YES NO

Patient FYI up to date? (circle one) YES NO PMP Printed: (circle one) YES NO

Records Requested: \_\_\_\_\_ Date: \_\_\_\_\_ Received: YES NO

Records Requested: \_\_\_\_\_ Date: \_\_\_\_\_ Received: YES NO

Records Requested: \_\_\_\_\_ Date: \_\_\_\_\_ Received: YES NO

Records Requested: \_\_\_\_\_ Date: \_\_\_\_\_ Received: YES NO

Notation made in appt notes that scrub was done: YES NO

Other Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_ Provider: \_\_\_\_\_

Last Urine Drug Screen	Date:	Need to update?	Yes	No
Last pain contract	Date:	Need to update?	Yes	No
Patient FYI up to date?			YES	No
PMP Printed			YES	No
Records Requested	Location:	Received?	Yes	No
Records Requested	Location:	Received?	Yes	No
Records Requested	Location:	Received?	Yes	No
Records Requested	Location:	Received?	Yes	No
Notation made in appointment notes that chart scrub was done?			Yes	No

Other Notes: \_\_\_\_\_

\_\_\_\_\_

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