



2835 Fort Missoula Road, Suite 102, Missoula, MT 59804

Name _____ DOB _____ Date of procedure _____

PAIN INJECTION DIARY

After your reporting period is complete, **you** must call Advanced Pain & Spine Institute of Montana at (406)327-3931, to give your report. ***PLEASE LEAVE YOUR DETAILED REPORT ON THE VOICE MAIL IF THE CALL IS NOT ANSWERED** You may also fax, mail, or drop off your Pain Diary to our office This information is helpful for your provider to evaluate the effectiveness of the injection. Failure to report this information could result in denial from your insurance for future treatment.

Time of injection _____ : _____ a.m./p.m.

- Medial Branch Block
- Intercostal
- Selective Nerve Root Block
- Other _____

Percentage of pain relief after injection (0%= No Pain Relief / 100%=Complete Pain Relief)

_____ : _____ a.m./p.m **1 hour** _____ % Activities: _____

_____ : _____ a.m./p.m **2 hours** _____ % Activities: _____

- Sacroiliac Joint Injection**
- Time of injection _____ : _____ a.m./p.m.

Percentage of pain relief after injection (0%= No Pain Relief / 100%=Complete Pain Relief)

_____ : _____ a.m./p.m **1 hour** _____ % Activities: _____

_____ : _____ a.m./p.m **2 hours** _____ % Activities: _____

_____ : _____ a.m./p.m **3 hours** _____ % Activities: _____

- Lumbar Sympathetic Block**
 - Stellate Ganglion Block**
 - Other** _____
- Time of injection _____ : _____ a.m./p.m.

Percentage of pain relief after injection (0%= No Pain Relief / 100%=Complete Pain Relief)

_____ : _____ a.m./p.m **1 hour** _____ %

_____ : _____ a.m./p.m **3 hours** _____ %

_____ : _____ a.m./p.m **6 hours** _____ %

Day 2 _____ % Day 3 _____ % Day 4 _____ % Day 5 _____ %

- Interlaminar
- Transforaminal Epidural Steroid Injection
- Facet Joint Injections
- Caudal Steroid Injection
- Sacroiliac Joint Steroid Injection
- Celiac Plexus Block
- Joint Injection: Hip
- Other _____

Percentage of pain relief after injection (0%= No Pain Relief / 100%=Complete Pain Relief)

Day 1 _____%	Day 8 _____%
Day 2 _____%	Day 9 _____%
Day 3 _____%	Day 10 _____%
Day 4 _____%	Day 11 _____%
Day 5 _____%	Day 12 _____%
Day 6 _____%	Day 13 _____%
Day 7 _____%	Day 14 _____%

- Radiofrequency Ablation
- Other _____

Percentage of pain relief after injection (0%= No Pain Relief / 100%=Complete Pain Relief)

Week 1 _____%	Week 5 _____%
Week 2 _____%	Week 6 _____%
Week 3 _____%	Week 7 _____%
Week 4 _____%	Week 8 _____%