



Pain Documentation Aid

For the Treatment of Chronic Non-malignant Pain with Controlled Substances

Reviewer: _____

Name: _____

Date: _____

This checklist is suggested as a summary of documentation reviewing experts may find requisite.

COMPLIANCE is the key to success.

1. _____ **C**ompliance is monitored with findings leading to appropriate actions.
2. _____ **O**ften assessed is pain intensity and functional status.
3. _____ **M**edical Records are accurate, complete, and accessible.
4. _____ **P**lan of treatment has objectives and goals to determine functional status.
5. _____ **L**egitimate diagnosis of a recognized chronic painful condition.
6. _____ **I**nformed consent (*Treatment agreement is optional*).
7. _____ **A**ddiction assessment (past & current use, family history, psychological issues).
8. _____ **N**on-addictive medications have proven inadequate or unacceptable.
9. _____ **C**onsultation(s) obtained as necessary and other health care concerns are addressed.
10. _____ **E**valuation is thorough (**History and Physical**) reflecting the complexity of the case.



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