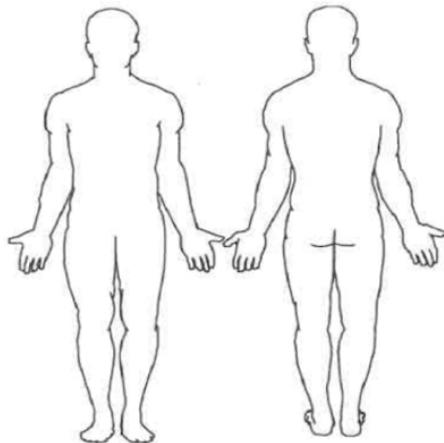


## Pain Diary for Diagnostic Injection

### **Post Procedure Pain Diary**

Please document where you are having your pain, intended for treatment, on the diagram, prior to the injection by shading in the below figure. Afterwards, please apply an X mark (X) on the intensity level of your pain, corresponding the appropriate time interval after the injection. Please bring this back to your follow-up appointment.



Pain Scale	Before Injection (Baseline)	30 min (after injection)	1 hr (after injection)	2 hr (after injection)	3hr (after injection)	4hr (after injection)	12 hr (after injection)
10							
9							
8							
7							
6							
5							
4							
3							
2							
1							
0							

**What percentage relief of pain did you have for 4-6 hours after the procedure?  
(Circle one below)**

**<50%   60%   65%   70%   75%   80%   85%   90%   95%   100%**

**Call (815) 398-9491 after 6 hours to report your relief**

**\*\*If it is after 5pm, please call the following business day\*\***

The above information is **necessary** to obtain approval from your insurance provider for future treatment options.

Dr. Shah's staff will follow up with you to discuss your relief in detail and determine the next steps in your treatment plan based on your relief.

Thank you for entrusting us with your care. We sincerely hope you had a positive experience during your procedure appointment. Please contact our office (815) 398-9491 if you have any questions or concerns.

**Dr. Neal Shah | Jason Chisholm | Julie Feliciano | Lisa Wall**