

My pain management plan



National Prescribing Service Limited

Patient name:	Initial pain assessment completed: / /
GP name:	Diagnosis:
GP contact details:	
After hours details:	

Goals of my pain management plan

Goals (e.g. walk three times a week for half an hour)	Review date	Comments (including date and progress)
1.		
2.		
3.		
4.		
5.		

Other health professionals assisting my pain management (e.g. physiotherapist)

Professional (type and details)	Goals of treatment	Action	Review date	Comments (including date and progress)

This leaflet may be printed for patient use.

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Pain medicines See Medicines List at www.nps.org.au/medicines_list

Name of medicine (prescription and over-the-counter)	Strength	What is the medicine for?	How much do I use and when?	Special instructions or comments (including date and progress)
1.				
2.				
3.				
4.				
5.				

Other ways to help manage my pain (non-medicine strategies)

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

If my pain gets worse my doctor recommends

Non-medicine strategies

- _____
- _____

Medicines (include details as in the table above)

- _____
- _____

To help me manage my pain better (patient to fill out)

What makes my pain worse:

What makes my pain better:
