NPS MEDICINEWISE

MY PAIN MANAGEMENT PLAN

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)

MY PAIN MANAGEMENT PLAN

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:

.....

.....

.....

June 2013

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Independent, not-for-profit and evidence based, NPS enables better decisions about medicines and medical tests. We are funded by the Australian Government Department of Health and Ageing. National Prescribing Service Limited. ABN 61 082 034 393.

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NPS1427