University Pain Medicine Center
Didier Demesmin, M.D.

_78 Easton Avenue, New Brunswick, NJ 08901 Tel (732) 828-1003 Fax (732) 828- 0775
_636 Easton Avenue, Somerset, NJ 08873 Tel (732) 246-7246 Fax (732) 220-1300

Follow Up Visit

Patient's Name: ____Date:_______________________

Date of last visit: ________________ **Percentage of pain improvement from last visit ____%**

Location of Pain: ____

Description of Pain: (circle) Sharp Shooting Stabbing Cutting Dull Aching Nagging Stinging Burning Stinging Electric Throbbing Cramping Squeezing Pressure Pinching Tingling Numbness

List of Activities you can do now that you could not do prior to treatment:

1.______________________________________ 2._____________________________________

3.______________________________________ 4._____________________________________

How often in your pain? ☐ Never ☐ Less than Daily ☐ Daily

Severity of Pain 0-10 scale 0= no pain 10= worst pain ever

Circle:
Worst: 1 2 3 4 5 6 7 8 9 10 None Mild Moderate Severe Excruciating
Average: 1 2 3 4 5 6 7 8 9 10 None Mild Moderate Severe Excruciating
Now: 1 2 3 4 5 6 7 8 9 10 None Mild Moderate Severe Excruciating

Duration of Pain: _________ Changes in Pain Since the last visit:________________________

What makes pain better? _____________________________Worse?________________________

Effects of new Pain Medications:_____________Current Medications:______________________

What procedure(s) were performed?____

Patient's Signature: ____