Care Partner Education

at New England Baptist Hospital

Pain Management Log

Please complete the Pain Management Log as instructed. Please include the number of pills prescribed and the number of pills remaining at the time of your follow up appointment.

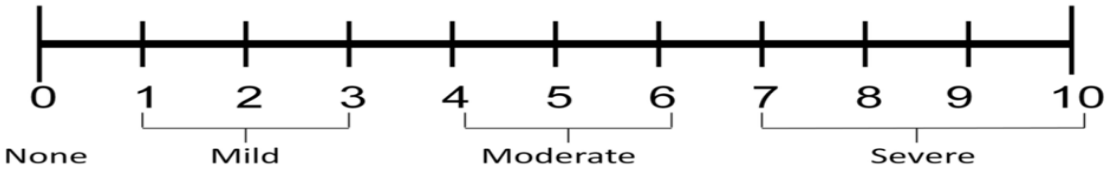
Please bring this form to your follow-up appointment with your surgeon

Patient Name: _____ Procedure: _____

Name of Narcotic (opioid) Pain Reliever: _____

Pills prescribed: _____ # Pills left at MD visit: _____

Please use this pain assessment scale to fill out your pain management log.



Date	Time	How severe is the pain? Use above scale	Activity at time of pain	Number of Prescribed pain pills taken	How severe is the pain 1-1½ hours after pain medication taken?