



TAKING CARE OF MY PAIN MANAGEMENT

A guide for you or your caregiver to be active in either your own health care or caring for someone else.

Take this with you each time you meet with a health care provider (such as a doctor, physician assistant, nurse, pharmacist, or social worker) to discuss or treat your pain and medication. Share your issues and concerns in managing your pain and use this guide to have a discussion with your provider, also be sure to review the Know Your Rights, Risks and Responsibilities with this document.

Visit With: _____

Today's Date: _____

BE SURE YOU KNOW THESE THINGS:

- I am meeting with a health care provider today because:

- What medical conditions I feel are related to this visit _____
- What other healthcare providers have I seen since my last visit with this provider?

- What healthcare providers am I now seeing for my pain problem?

- Have my medication changed since my last visit to this provider?

- List all the medicines (on page 2) I am taking, including all on the following list?
 Prescription medicine (can buy only with a prescription)
 Over-the-counter medicine (can buy without a prescription)
 Vitamins, herbs, or supplements I take (such as St. John's Wort)
 Any NEW prescriptions I received during this visit
 Written directions on how to take all my medicines
 Major side effects of these medicines
- Besides taking my medicines, what else do I need to do?
 Get blood tests or other medical tests?
 Get extra help or equipment at home?
 Avoid caffeine, alcohol, tobacco, or other drugs?
 Avoid eating certain foods? ____
 Eat certain foods?
 Change a bandage?
 Exercise?
 Schedule a follow up appointment? _____
- My pain level today is a mild, moderate, severe, worst possible pain (Circle One)
 How much pain is necessary to justify the use of opioids?
- What prescription medications am I currently taking to relieve my pain?

- Are any of these medication considered an opioid? If so, are there other non-opioid alternatives or alternative treatments to opioids for pain management we can consider?

- What medication side effects should I be aware of? What are the signs of opioid addiction? _____
- Do I need a referral to other health care providers, tests or facilities? If so, Why?

- Who should I call before my next appointment if I have questions or concerns In managing my pain? _____

NAME: _____ TELEPHONE #: _____

Being sick can affect all areas of your life. If you have questions or concerns about any of the following, check the box and talk about them with a health care provider.

- Alcohol, drug, or tobacco use
- Alcohol, drug or tobacco use
- Addiction Problems (unable to stop using pills or alcohol without problems)
- Advanced care planning
- Caregiving concerns
- Changes in behavior, memory or thinking
- Cultural customs affecting health care
- Financial or health insurance
- Home safety
- Medical equipment needs; or help with walking, bathing, eating, dressing
- Recovering Addict
- Relationships/intimacy concerns
- Spirituality/religion
- Concerned about taking medicines
- Transportation & driving issues
- Understanding my illness or condition

Be sure to tell your Provider of any allergies or sensitivities you have to any medicine



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MY MEDICINE*

WHEN I GET UP, I TAKE:

Drug name- Brand name or generic & DOSE:	This looks like: (Color, shape, etc)	How many?	How I take it:	I started taking this on: (date)	I stop taking this on: (date)	Why I take it:	Who told me to take it? (name)
Example: Lisinopril 10 mg	Round yellow pill	1 pill	By mouth with breakfast	June 3, 2008	Keep taking	High blood pressure	Dr. Smith

IN THE AFTERNOON, I TAKE:

IN THE EVENING, I TAKE:

BEFORE I GO TO BED, I TAKE:

OTHER MEDICINES THAT I DO NOT USE EVERYDAY:

Questions to ask about taking your prescribed opioids:

1. When do I know it is time to transition off opioid medications to another treatment for my pain?
2. How should I change medication options?
3. How will I dispose of my unused Opioid prescription if prescribed?
4. How should I store my opioid prescription?

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