



Victory Physicians Family Medicine Pain Management Checkout Questionnaire

Please initial next to all the things that our physician did today during your visit.

- _____ Ordered/Reviewed PARS.
- _____ Reviewed and discussed your interval history sheet.
- _____ Reviewed and discussed your pain log.
- _____ Reviewed the current treatment plan.
- _____ Clarified what the objectives are of the treatment plan.
- _____ Reviewed the treatment plan moving forward.
- _____ Discussed the risks, benefits and alternatives to narcotic therapy and other modalities.
- _____ Offered specialty consultation.
- _____ Arranged for follow-up and ongoing treatment.
- _____ Asked if there were any other questions or concerns.
- _____ Arranged for a periodic interval assessment in the future.
- _____ Performed a physical examination.
- _____ Gave you copies of your pain documents.

My initials above and signature below confirm what the doctor did during this visit.

Signature

Date

Printed Name