



PAIN DIARY

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***Please remember to attempt
aggravation BEFORE injection and
AFTER (if given relief) injection***

DO NOT TAKE PAIN MEDICATION PRIOR TO INJECTION

Patient name: _____ DOB: _____ Phone: _____

Physician name: _____ Date of procedure: _____

Injection site: _____

Pain level 0-10 (0 = NO pain; 10 = worst pain)

PAIN #1 Description:

PAIN #2 Description:

Day before injection:

Morning ____ Evening ____

Day before injection:

Morning ____ Evening ____

Day of injection:

Immediately before ____

1st hour after ____

2nd hour after ____

3rd hour after ____

Evening time ____

Day of injection:

Immediately before ____

1st hour after ____

2nd hour after ____

3rd hour after ____

Evening time ____

Day after injection:

Morning ____ Evening ____

Day after injection:

Morning ____ Evening ____

Additional notes: