TEXAS PAIN INSTITUTE

1000 Lipscomb St Ste 110, Fort Worth TX 76104
2813 W Southlake Blvd Ste 120, Southlake, TX 76092
651 S Main St Ste 105, Keller, TX 76248
101 Mary Lou Dr Ste 100, Willow Park, TX 76087
1101 West Eagle Dr Ste B, Decatur, TX 76234
1218 N. Bonnie Brae St Ste 102, Denton, TX 76201
Main Phone: (817) 348-8600 Main Fax: (817) 348-8602

Pain Diary

Patient Name: _____

Procedure Date: _____ **Procedure Type:** _____

This **PAIN DIARY** is to help your physician understand your response to the procedure. Please fill out the pain scores and any comment four (4) times a day for one (1) week after the procedure. Please bring this PAIN DIARY to your next appointment.

Day	Date	Time	VRS Pain Score	Comments
1				
2				
3				
4				
5				
6				
7				

VRS Pain Scale			
0	1	2	3
No Pain	Mild Pain	Moderate Pain	Severe Pain