Chronic Pain Initial Evaluation

The new patient visit. Pain and function are recorded on named instruments, because a payer will not accept an adjective where it asked for a scale.

Patient / MRN / DOB	
Date of service	*Date _____ · start _____ : _____ · stop _____ : _____ · total time ___ min · in person / telehealth*
Referral	*Referring clinician _____ · reason _____ · new / established*

A Pain History

Location and radiation	*Primary site _____ · radiation _____ · laterality L / R / bilateral*
Onset, mechanism, duration	*Onset _____ · injury or event _____ · duration ___ months · acute / subacute / chronic*
Character and pattern	*Quality · constant or intermittent · aggravating and relieving factors · effect on sleep*

B Pain and Function on Named Instruments

Name the scale and record the score

DOMAIN	INSTRUMENT USED	SCORE TODAY	BASELINE / PRIOR
Pain intensity	*NRS / VAS / verbal rating*		
Disability or function	*ODI / OLBPDQ / QBPDS / Roland Morris / BPFS / PDAS*		
Patient-reported outcome	*PROMIS domain _____*		
Mood screen			

C Prior and Current Treatment

Conservative therapy is a coverage question, not a formality

Conservative therapy tried	*Physical therapy (dates, sessions) · medications and response · injections · chiropractic · home exercise · duration ___ weeks*
Current medications	*Agent, dose, frequency, prescriber, and response for each*
Imaging and diagnostics	*Study, date, and the findings that correlate with the symptoms*

Why the instrument name matters. CMS states that **the scales used to assess pain and/or disability must be documented in the medical record**, and names acceptable ones: verbal rating scales, the **NRS** and **VAS** for pain, and the **PDAS, ODI, OLBPDQ, QBPDS, Roland Morris, BPFS** and **PROMIS** domains for function. "Severe pain, limited function" is an adjective. A payer asked for a score on a named instrument, and a reviewer looking for one will not find it in prose.

Examination, Assessment and Plan

Continued. If opioid therapy is being considered, the goals for pain and for function both have to be written down before it starts.

D Examination

General and gait	*Posture, gait, assistive device, observed behaviour*
Regional examination	*Inspection, palpation, range of motion with degrees, provocative manoeuvres*
Neurological	*Motor by group and grade · sensory by dermatome · reflexes · straight leg raise · red flags*

E Risk Assessment

Required before any controlled substance

Substance and mental health history	*Alcohol, tobacco, substances · prior or current opioid use disorder · psychiatric history*
PDMP reviewed	*Y / N · date _____ · findings _____ · concurrent controlled substances Y / N*
Overdose risk factors	*Concurrent benzodiazepine or other CNS depressant · sleep apnoea · renal or hepatic impairment · prior overdose*

F Assessment and Plan

Assessment	*Diagnosis with reasoning, and what the imaging and exam actually support*
Non-opioid and non-pharmacologic plan	*Physical therapy · exercise · behavioural · procedures considered · adjuvant medications*
Treatment goals	***Pain goal*** *_____ and* ***function goal*** *_____ · agreed with patient Y / N*
If opioids are being started	*Indication · agent, dose, MME/day _____ · quantity · risk-benefit discussed Y / N · naloxone offered Y / N · reassess in ___ weeks*

G Attestation

Attestation	*Clinician signature _____ · name and credentials _____ · date and time signed _____ ·* ***every page identified and signed***

Before starting an opioid. The 2022 CDC guideline asks clinicians to **establish treatment goals for pain and for function** before beginning ongoing opioid therapy for subacute or chronic pain (Recommendation 2), to **review the state PDMP** when initiating and periodically thereafter (Recommendation 9), to build risk mitigation into the plan **including offering naloxone** (Recommendation 8), and to **evaluate benefits and risks within 1 to 4 weeks** of starting therapy or of any dose escalation (Recommendation 7). Note that the guideline deliberately avoids fixed dosage thresholds, so record the MME and your reasoning rather than treating a number as a rule.