

PARAGON PAIN & REHABILITATION, LLP

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DAILY PAIN LOG

PATIENT NAME:

PHYSICIAN NAME:

PROCEDURE PERFORMED:

DATE:

DATE	TIME	PAIN SCALE 0= NO PAIN 10= WORST TYPICAL (CIRCLE ONE)										
	Pre Procedure	0	1	2	3	4	5	6	7	8	9	10
	Post Procedure	0	1	2	3	4	5	6	7	8	9	10
		0	1	2	3	4	5	6	7	8	9	10
		0	1	2	3	4	5	6	7	8	9	10
		0	1	2	3	4	5	6	7	8	9	10
		0	1	2	3	4	5	6	7	8	9	10
		0	1	2	3	4	5	6	7	8	9	10
		0	1	2	3	4	5	6	7	8	9	10
		0	1	2	3	4	5	6	7	8	9	10
		0	1	2	3	4	5	6	7	8	9	10
		0	1	2	3	4	5	6	7	8	9	10
		0	1	2	3	4	5	6	7	8	9	10
		0	1	2	3	4	5	6	7	8	9	10
		0	1	2	3	4	5	6	7	8	9	10
		0	1	2	3	4	5	6	7	8	9	10
		0	1	2	3	4	5	6	7	8	9	10
		0	1	2	3	4	5	6	7	8	9	10
		0	1	2	3	4	5	6	7	8	9	10
		0	1	2	3	4	5	6	7	8	9	10
		0	1	2	3	4	5	6	7	8	9	10
		0	1	2	3	4	5	6	7	8	9	10
		0	1	2	3	4	5	6	7	8	9	10
		0	1	2	3	4	5	6	7	8	9	10
		0	1	2	3	4	5	6	7	8	9	10
		0	1	2	3	4	5	6	7	8	9	10
		0	1	2	3	4	5	6	7	8	9	10
		0	1	2	3	4	5	6	7	8	9	10
		0	1	2	3	4	5	6	7	8	9	10
		0	1	2	3	4	5	6	7	8	9	10
		0	1	2	3	4	5	6	7	8	9	10

DOCUMENT EVERY 20 MINUTES POST INJECTION FOR 24 HOURS. BRING INTO NEXT APPOINTMENT TO GO OVER WITH PHYSICIAN. ANY ADDITIONAL COMMENTS THAT CAN HELP US UNDERSTAND YOUR PAIN FEEL FREE TO WRITE ON BACK OF PAGE.