

# MY PAIN MANAGEMENT PLAN

Patient name:	Initial pain assessment completed:
GP name:	Diagnosis:
GP contact details:	
After hours details:	

## Goals of my pain management plan

GOALS	<b>REVIEW DATE</b>	COMMENTS (including date and progress)
eg, walk three times a week for half an hour		

# Other health professionals assisting my pain management (e.g. physiotherapist)

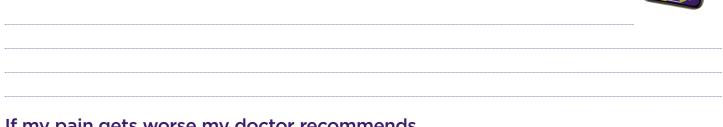
GOALS OF TREATMENT	ACTION	REVIEW DATE	COMMENTS (including date and progress)

#### Pain medicines See Medicines List at nps.org.au/medicineslist

NAME OF MEDICINE (prescription and over-the-counter)	STRENGTH	WHAT IS THE MEDICINE FOR?	HOW MUCH DO I USE AND WHEN?	SPECIAL INSTRUCTIONS OR COMMENTS (including date and progress)

Download the <u>MedicineWise app</u> to keep track of your medicines and store health information such as blood test results.

### Other ways to help manage my pain (non-medicine strategies)



#### If my pain gets worse my doctor recommends

Non-medicine strategies	Medicines (include details as in the table above)
▶	▶
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#### To help me manage my pain better (patient to fill out)

What makes my pain worse?	What makes my pain better?

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