CHRONIC PAIN AND OPIOID MANAGEMENT
CASE PRESENTATION FORM 2019-2020

Provider Name:
Provider Practice/City or Town:
Provider Phone Number:
Provider Email:

Does your case focus on one of our core topics?
Which date would you ideally like to present your case?

Please return the completed form to Mark Pasanen:
• Email attachment: mark.pasanen@uvmhealth.org
• Fax: (802) 847-5784 (Attn: Mark Pasanen)

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ECHO ID #

Presenter:
Presentation Date:

Please state your question(s) for the UVM ECHO?

Specific Requests
☐ Help with diagnosis/test interpretation/etc ...
☐ Help with pharmacologic treatment – specifically whether to continue opiates
☐ Help with non-pharmacologic treatment
☐ Other (details above)

Please provide clinical overview:
Patient Gender
☐ Male    ☐ Female    ☐ Other

Patient Age

Patient Weight

Patient Height

Pain Location
☐ Head
☐ Neck
☐ Upper Back
☐ Lower Back – non-radiating
☐ Abdomen
☐ Pelvic
☐ Upper extremity
☐ Lower Extremity

Pain Characteristic
☐ Constant
☐ Intermittent

Pain Quality
☐ Aching
☐ Burning
☐ Sharp
☐ Dull
☐ Associated numbness/tingling

Duration of Pain
☐ Months
☐ Years

Working Diagnosis
☐ Myofascial Pain/Fibromyalgia
☐ Arthritis
    ☐ Degenerative/Osteoarthritis
    ☐ Inflammatory/Rheumatoid
☐ Peripheral Neuropathy
☐ Chronic abdominal and/or pelvic pain
☐ Headache
    ☐ Migraine
    ☐ Chronic daily headache
☐ Other

Functional Status:
Average Pain Rating (0-10):
What alleviates the pain?
What exacerbates the pain?
Associated symptoms:
☐ Sleep disruption  ☐ Fatigue  ☐ Sexual Dysfunction
☐ Depressed mood  ☐ Other

Current Medications

Pertinent Past Medical/Surgical History

Medications tried in past
☐ NSAID
☐ Ibuprofen/Naproxen
☐ Celecoxib
☐ Meloxicam
☐ Acetaminophen
☐ Opioid
☐ Oxycodone
☐ Hydromorphone
☐ Hydrocodone
☐ Morphine
☐ Tramadol
☐ Fentanyl
☐ Anticonvulsant
☐ Gabapentin
☐ Pregabalin
☐ Antidepressant
☐ SNRI
☐ SSRI
☐ TCA
☐ Muscle relaxant
☐ Cyclobenzaprine
☐ Tizanidine
☐ Methocarbamol
☐ Others

Pertinent Review of Symptoms/Physical Exam:
Diagnostic Testing:
☐ Xray
☐ CT scan
☐ MRI
☐ EMG/NCV
☐ Labs
☐ Other (details below)

Pertinent Results:

Non-Medication Interventions
☐ Physical Therapy
☐ TENS
☐ Water Therapy
☐ Acupuncture
☐ Chiropractic/Osteopathic
☐ Counseling/Psychology
☐ Massage
☐ Yoga

Procedural Interventions
☐ Epidural Steroid
☐ Medial Branch Block
☐ Radiofrequency Ablation
☐ Selective nerve block
☐ Spinal Cord Stimulator

Outcomes of Interventions?
Screening Tools/Assessments
☐ Depression (eg PHQ-2 or PHQ-9)
☐ Anxiety (eg GAD-7)
☐ Alcohol/Drug Use Screen:
☐ SOAPP/ORT
☐ COMM
☐ Urine Drug Monitoring/Testing
☐ Other

Patient Goals

Current Diagnostic/Treatment Plan?