



American Chronic Pain Association

Just In Case

Complete this form and keep it where you can easily find it if you need to go to the emergency department.

Your insurance card number _____

The name and contact information for your regular physician

Your pain diagnosis, if you have one

Any other conditions you have been diagnosed with, such as diabetes or a heart condition

A list of your current medications, who prescribed each, your current dosage, and how often you take them.

- Be sure to include:
- Prescription medications
- Over the counter medications
- Vitamins
- Herbal supplements

Medication	Dosage	Frequency
_____	_____	_____
_____	_____	_____
_____	_____	_____

A list of any devices or other types of intervention you now use, such as a pump, nerve block, or stimulator

A list of any medications that you don't tolerate well or have had a bad reaction to in the past

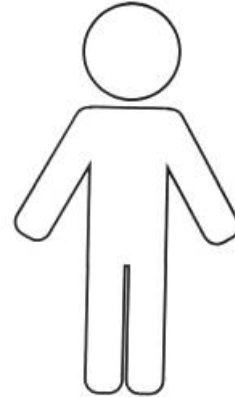
A list of your allergies.

Take this page with you to help you quickly describe your current pain problem

Location of your pain



front



back

Its intensity on a scale of ten

1 2 3 4 5 6 7 8 9 10

When this pain flare began _____

Has anything recently aggravated your pain?

What helps?

What makes it worse?

Medications that have helped your pain before

How it feels: (circle all that apply)

- | | |
|----------|-------------|
| aching | penetrating |
| nagging | tingling |
| stabbing | throbbing |
| burning | radiating |
| numb | gnawing |
| tender | sharp |