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
- [ ] 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?