

CASE PRESENTATION TEMPLATE
Pain Management Clinic

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Date: _____ Your Name: _____ Your Location: _____
 Patient Name: _____ Patient Type: New Patient Follow-up
 Gender: Female Male
 Age: _____ Ethnicity: _____ Occupation: _____ Educational Level: _____
 Height: _____ Weight: _____ BMI: _____

WHAT IS YOUR MAIN QUESTION ABOUT THIS PATIENT?

Alcohol Use: Yes No Amount: _____ History of Comorbid Mental Health issues? Yes No
 Pertinent Comorbidities? Yes No

Pertinent Lab Results			
Pertinent Imaging Results			
Prior Surgical Interventions			
Prior Injections			
Prior Failed Treatments			
Prior Failed Medications			
Current Medications			
Prior EMG and Results			

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