

National Pain Audit – Patient Details Form

Demographic details	Unique patient reference (on patient questionnaire)	
	Forename(s)	
	Surname	
	Age	
	Sex	M F
	Postcode	
	Address 1	
	Address 2	
	Address 3	
	Town	
	County	
Predominant/Primary Pain Mechanism	Select one:	Nociceptive Somatic Visceral Neuropathic Mixed
Referral details	Referral source: (select one)	GP Other Pain Clinic Specialist from own hospital Specialist from other hospital Other... (enter below)
	Initial Appointment Date (DD/MM/YYYY):	/ /
Diagnosis details	(Either one of Diagnosis codes [see other sheet], or enter custom diagnosis)	
Treatment details (tick all that apply)	Advice	
	Complementary Therapy	
	Further Investigation (includes MRI/Blood tests/Xray)	
	Injections Is this a diagnostic procedure?	
	Medication	
	Neuromodulation (includes TNS /and spinal cord stimulation)	
	Physiotherapy (includes occupational therapy)	
	Psychology	