

# Neuropathic Pain Assessment Form

Patient Name

Date of Assessment

Assessor

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## Pain Characteristics

Onset

Duration

Pain Location

Description of Pain (e.g., burning, shooting, tingling)

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## Pain Intensity

Pain Intensity (0 = No Pain, 10 = Worst Pain)

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## Associated Symptoms

Numbness ☐ Tingling ☐ Allodynia (pain from non-painful stimuli) ☐ Hyperalgesia (increased response to pain)

☐ Other

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## Impact on Daily Life

Describe the impact of pain on daily activities

## Current Medications

List current medications and dosages

## Comments / Notes