Physiotherapy Pain Assessment Form

Patient Name
Date of Birth
Assessment Date
Assessed by (Therapist)
Pain Details
Pain Location
Duration of Pain
Describe the Pain
Pain Type
rain type
•
Aggravating Factors
•
Aggravating Factors
Aggravating Factors Relieving Factors
Aggravating Factors Relieving Factors Pain Scale
Aggravating Factors Relieving Factors
Aggravating Factors Relieving Factors Pain Scale
Aggravating Factors Relieving Factors Pain Scale Pain Intensity (0 = No pain, 10 = Worst pain)
Aggravating Factors Relieving Factors Pain Scale Pain Intensity (0 = No pain, 10 = Worst pain) Onset
Aggravating Factors Relieving Factors Pain Scale Pain Intensity (0 = No pain, 10 = Worst pain)
Aggravating Factors Relieving Factors Pain Scale Pain Intensity (0 = No pain, 10 = Worst pain) Onset Frequency
Aggravating Factors Relieving Factors Pain Scale Pain Intensity (0 = No pain, 10 = Worst pain) Onset
Aggravating Factors Relieving Factors Pain Scale Pain Intensity (0 = No pain, 10 = Worst pain) Onset Frequency Duration of Each Episode
Aggravating Factors Relieving Factors Pain Scale Pain Intensity (0 = No pain, 10 = Worst pain) Onset Frequency

Additional Notes			