

DEPARTMENT OF THE ARMY  
HEADQUARTERS, UNITED STATES ARMY MEDICAL COMMAND  
2050 Worth Road  
Fort Sam Houston, Texas 78234-6000

MEDCOM Circular  
No. 40-15

23 April 2004

Expires 23 April 2006  
Medical Services

**PAIN ASSESSMENT DOCUMENTATION**

**1. HISTORY.** This issue publishes an update to the publication due to administrative revisions. However, the context of this publication remains the same.

**2. PURPOSE.**

a. This circular provides policy and implementing instructions for U.S. Army Medical Command (MEDCOM) Form 734-R (Medical Record–Pain Assessment).

b. This form is to be completed by patients and will facilitate inpatient, health record (HREC), enhanced ambulatory record (EAR), and outpatient treatment record (OTR) documentation by cueing practitioners to document key aspects in their assessment and treatment of acute and chronic pain patients on the standard form (SF) 600 (Health Record-Chronological Record of Medical Care) (HREC, outpatient, EAR) or SF 509 (Medical Record–Progress Notes) (inpatient). A panel of expert consultants from the Army, Navy, Air Force, and Department of Veterans Affairs (VA) identified key aspects by thoroughly examining scientific evidence on pain. This panel synthesized the evidence on treatment of pain in the VA/Department of Defense (DOD) Practice Guideline on the Management of Postoperative Pain and to meet Joint Commission on Accreditation of Healthcare Organization (JCAHO) standards of a patient with acute and chronic pain. Key aspects were then transformed onto the form named in paragraph “a” above and prescribed by this circular.

**3. APPLICABILITY.** This circular applies to all MEDCOM facilities. All facilities are granted an exception to policy for use of the test form (prescribed herein) to document care of acute or chronic pain in patients.

**4. REFERENCES.** AR 40-66, Medical Record Administration and Health Care Documentation, provides guidance on medical record documentation and is applicable.

---

\*This circular supersedes MEDCOM Circular 40-15, 23 April 2002.

**5. EXPLANATION OF ABBREVIATIONS AND TERMS.**

a. Abbreviations.

DOD.....Department of Defense  
EAR.....Enhanced Ambulatory Record  
HREC.....Health Record  
ITR.....Inpatient Treatment Record  
JCAHO.....Joint Commission on Accreditation of Healthcare Organizations  
MEDCOM.....U.S. Army Medical Command  
OTR.....Outpatient Treatment Record  
SF.....Standard Form  
VA..... Department of Veterans Affairs

b. Terms. See AR 40-66.

**6. RESPONSIBILITIES.** See AR 40-66.

**7. POLICY.**

a. Personnel in military treatment facilities may use MEDCOM Form 734-R for the period of the test (through 23 April 2006) or as directed by the MEDCOM.

b. The MEDCOM test form prescribed by this circular will be filed in the ITR, HREC, EAR, or OTR with the SF 600 or SF 509 in reverse chronological order (most recent on top).

c. MEDCOM Form 734-R may be used with the SF 600 or SF 509 to document assessment of acute or chronic pain in patients being treated on an inpatient and outpatient basis.

d. All current requirements of AR 40-66, other than those addressed in this circular, remain in effect.

**8. INSTRUCTIONS FOR USE OF THE PAIN ASSESSMENT FORM.** NOTE: This form is authorized for local reproduction (that is, “-R” form) and is contained in appendix A of this circular. Print this form head to foot.

MEDCOM Form 734-R.

a. Purpose. The form may be used to assess the patient’s pain history and document the findings on an SF 600 or SF 509 by any provider in all inpatient and outpatient visits and therapeutic interventions in the management of the patient with acute or chronic pain. It will provide a quick overview of the patient’s pain history to all providers, eliminating the need to page through the chart in order to “piece” a history together.

b. Preparation. This form has three sections. All three sections are to be completed by the patient and reviewed by the provider.

c. Content. Section I is subjective data asking the patient about pain history to include when the pain started, words to describe the pain, location, intensity, affect of pain, and pain intensity goal. Section II is subjective data asking the patient about medications, including pain medications and allergies. Section III asks about surgeries, treatments, and providers who have treated them for pain.

**Appendix A**

Appendix A contains the following "-R" form (authorized for local reproduction).

MEDCOM Form 734-R  
(Medical Record–Pain Assessment)

- Initial visit
- Follow up visit

**MEDICAL RECORD - PAIN ASSESSMENT**

For use of this form see MEDCOM Cir 40-15

DATE

**SECTION I - SUBJECTIVE DATA (To be completed by Patient)**

**PART A - PAIN**

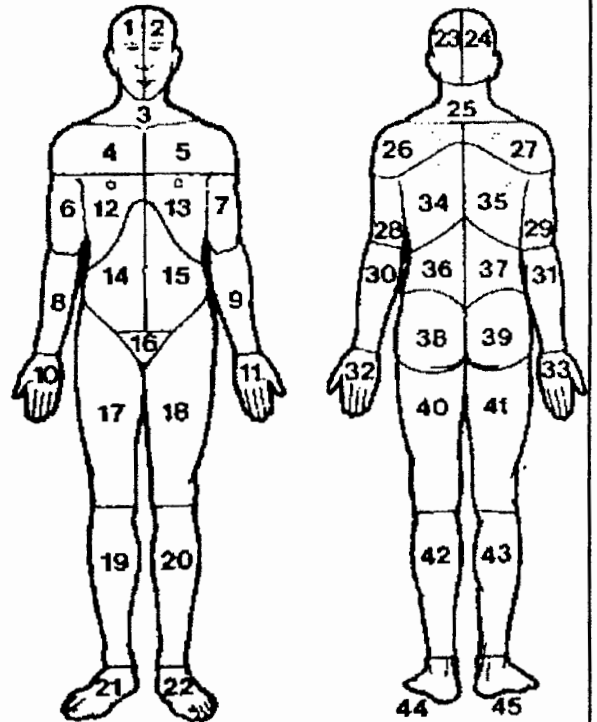
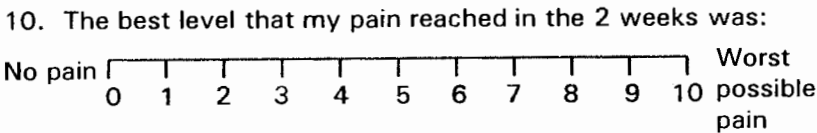
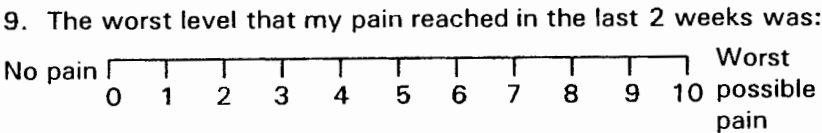
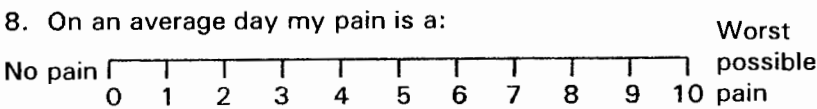
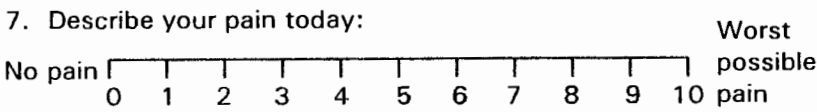
1. When did the pain begin? \_\_\_\_\_ Month/Year
2. How did the pain begin?  Suddenly  Gradually
3. Your pain has:  Changed  Worsened  Improved  Stays the Same
4. Your pain affects which of the following:
 

<input type="checkbox"/> Ability to Work	<input type="checkbox"/> Recreational Activities	<input type="checkbox"/> Relationship with Family	<input type="checkbox"/> Concentration
<input type="checkbox"/> Ability to Sleep	<input type="checkbox"/> Daily Activities	<input type="checkbox"/> Relationship with Friends	<input type="checkbox"/> Other _____
5. Over the last two weeks have you been bothered by feeling:
 

<input type="checkbox"/> Down, depressed or hopeless	<input type="checkbox"/> Little interest or pleasure in doing things?
--	---
6. Describe how your pain feels:
 

<input type="checkbox"/> Aching	<input type="checkbox"/> Crampy	<input type="checkbox"/> Gnawing	<input type="checkbox"/> Pressure	<input type="checkbox"/> Squeezing	<input type="checkbox"/> Tingling
<input type="checkbox"/> Agonizing	<input type="checkbox"/> Deep	<input type="checkbox"/> Knife-Like	<input type="checkbox"/> Radiating	<input type="checkbox"/> Stabbing	<input type="checkbox"/> Tiring
<input type="checkbox"/> Annoying	<input type="checkbox"/> Distended	<input type="checkbox"/> Miserable	<input type="checkbox"/> Sharp	<input type="checkbox"/> Stinging	<input type="checkbox"/> Unbearable
<input type="checkbox"/> Bloating	<input type="checkbox"/> Dull	<input type="checkbox"/> Nagging	<input type="checkbox"/> Shooting	<input type="checkbox"/> Tender	
<input type="checkbox"/> Burning	<input type="checkbox"/> Electrical	<input type="checkbox"/> Numb	<input type="checkbox"/> Splitting	<input type="checkbox"/> Throbbing	

11. Please mark **with an X**, the location of your pain on the diagram below.



Reprinted from PAIN, 24, Margolis, R.B., Tait, Raymond C., and Krause, Steven, J. A rating system for use with patient pain drawings., 57-65, copyright 1986, with permission from Elsevier Science.

PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, first, middle; grade; date; hospital or medical facility)

\_\_\_\_\_  
(Patient's Signature/Date)

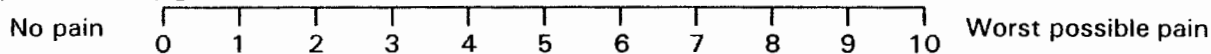
**SECTION I - SUBJECTIVE DATA (Continued)**

**PART B - PAIN GOAL**

12. Your pain intensity goal is:

- Sleep Comfortably     Comfort at Rest     Comfort with Movement  
 Stay Alert     Perform Activity     Other \_\_\_\_\_

My pain intensity goal is



**SECTION II - MEDICATIONS**

**PART A - MEDICATIONS and ALLERGIES**

Please indicate if you are taking any of the following medications:

- Coumadin/Warfarin     Yes     No    Ginkgo/Ginkgo Biloba     Yes     No    Ticlid/Ticlopidine     Yes     No  
 Aspirin or any other blood thinner     Yes     No

Please list any allergies or sensitivities:

**PART B - ALL MEDICATIONS**

Please list all medications, herbs, and supplements that you are currently taking. Include all medication, not just pain medications:

**PART C - PAIN MEDICATIONS**

Please list all medications you have been taking to treat your pain:

**SECTION III - HEALTH CARE PROVIDERS, SURGERIES and TREATMENTS**

**PART A - HEALTH CARE PROVIDERS**

Please list all health care providers that you have seen for your pain:

**PART B - SURGERIES**

Please list all operations or surgeries you have had and the dates:

**PART C - TREATMENTS**

Please check all treatments you have tried to help your pain:

	Did it help?			Did it help?	
	Yes	No		Yes	No
<input type="checkbox"/> Acupuncture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Nerve Block	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Biofeedback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Chiropractor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Steroid Injection	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> TENS Unit	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Massage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Ultrasound	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other _____					

COMMENTS:

\_\_\_\_\_  
(Reviewer's/Provider's Signature/Date)

**The proponent of this publication is the Assistant Chief of Staff for Health Policy and Services. Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) to Commander, U.S. Army Medical Command, ATTN: MCHO-CL-Q, 2050 Worth Road, Fort Sam Houston, TX 78234-6026.**

FOR THE COMMANDER:



KENNETH L. FARMER, JR.  
Major General  
Chief of Staff

EILEEN B. MALONE  
Colonel, AN  
Assistant Chief of Staff for  
Information Management

**DISTRIBUTION:**

This publication is available in electronic media only and is intended for MEDCOM distribution Ca and Da.

**SPECIAL DISTRIBUTION:**

MCHC (Stockroom) (1 cy)  
MCHS-AS (Forms Mgr) (1 cy)  
MCHS-AS (Editor) (2 cy)