Patient Reassessment Opioid Analgesic 4-A's+ Chart Note

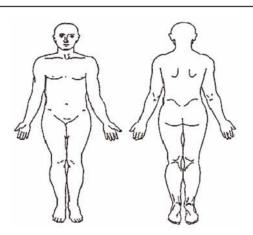
Patient Name		Date	
Current Analgesic Regimen			
Drug	Dose	Frequency	Comments
Reassessment Note	<u>!S</u>		
Analgesia (average/be	st/worst pain intensity;	% pain relief)	
Adverse Events (type	e/severitv)		
Activities of Daily L	iving (functional statu	is/relationships/mood)	
Aberrant Drug-Rela	ated Behaviors (type	e/severity)	
5		J/	

Patient Reassessment Opioid Analgesic 4-A's+ Chart Note

 Monitoring Tests/Reports
 (urine screens/pill counts/other)

 Assessment
 (physical/psychological)

Physical Examination Findings_____



Action Plan (continue/adjust/discontinue therapy)_____

Comments_____

Signature _____

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