

**GENERAL OR DIAGNOSTIC BLOCK EVALUATION SHEET**

PATIENTS NAME:  
 DATE OF BIRTH:  
 CONTACT NO:

DATE:  
 DR:

PROCEDURE NAME:

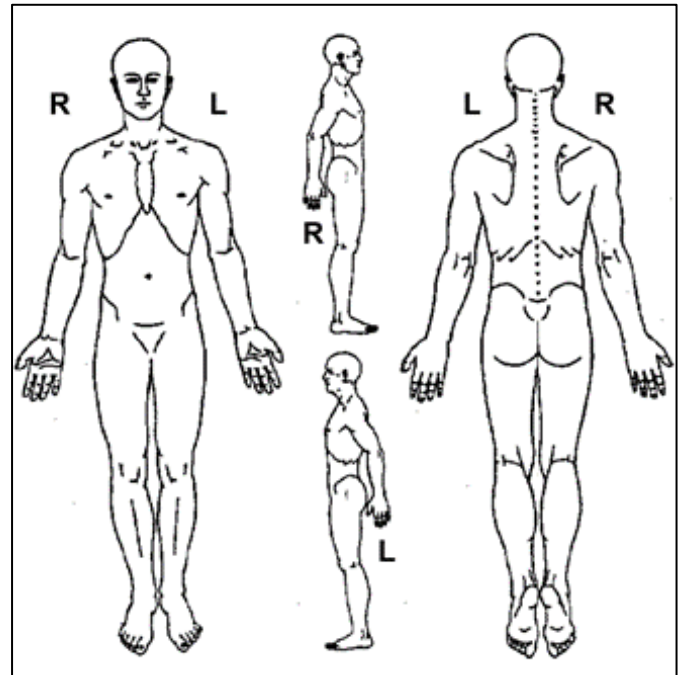
PATIENTS DESCRIPTIONS

INDEX PAIN:

CONCURRENT PAIN:

**FOUR ACTIVITIES LIMITED BY INDEX PAIN:**

- 1: .....
- 2: .....
- 3: .....
- 4: .....



VAS:

Worst pain ever experienced:     /100     Worst ever index pain:     /100     Index pain today:     /100

RESPONSE:     ADLs RESTORED COMPLETELY:     1     2     3     4

Time

V A S	100							
	90							
	80							
	70							
	60							
	50							
	40							
	30							
	20							
	10							
		Pre	Post	30min	1h	2h	3h	4h

NOTES:

Result:

Assessor:

Signed:

## CONSENT FOR MEDICAL PROCEDURE/ TREATMENT

I have discussed my present condition and the way in which it may be diagnosed/managed.  
The doctor has recommended the following procedure:

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Any risks or complications, which may arise from this procedure, have been explained to me. In particular, I am not allergic to iodine or iodine products. I have been informed that corticosteroids are not specifically approved for epidural use. I have had the opportunity to ask questions. I am satisfied with the explanation and the answers to my questions.

KNOWN ALLERGIES including IODINE/SHELLFISH:

For female patients only: Are you pregnant or is there any possibility that you may be pregnant? YES / NO

.....  
**Signature of Patient / Parent / Guardian                      Date                      Print Name of Patient / Parent / Guardian**

.....  
**Address of Parent / Guardian**

COUNTERSIGNED BY PROCEDURALIST:

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### PROCEDURE RECORD

Performed by:

Fluoroscopy by:

Technical notes: Imaging  
                    Approach:  
                    Needle placement:  
                    Contrast:-  
                    Site ID:  
                    Neurogram:  
                    Arthogram:  
                    Vascular access?:

Index Pain Provocation:                      Test Dose Xylocaine:

X-ray Exposure Time:

Complications:

AGENT: X / B                      Kenacort/ Celestone/ Dexamethasone

### INTERPRETATION OF RESPONSE:

**Positive / Negative / Partial**

**PLAN OF ACTION:**

**Signed:**  
**Date:**