



Name: _____
MRN# _____

Passport to Comfort – Pain Management

Current “Location” Rate your current pain intensity. How much pain do you have?

0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10
None at all Worst ever

Destination Your pain level goal:

0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10
None at all Worst ever

Your Goals:

Flight Plan The plan for your pain relief:

Date	Medication	Dose	Schedule	Comments

Other Treatments Suggested (i.e. non-drug)

Method	Instructions

Security Check (What to do if your pain or fatigue does not improve):

Call: Evaluation & Treatment Center ext. 65200

Other Notes:



Name: _____
MRN# _____

Passport to Comfort – Fatigue Management

Current “Location” Rate your current fatigue intensity. How much pain do you have?

0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10
None at all Worst ever

Destination Your fatigue level goal:

0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10
None at all Worst ever

Your Goals:

Flight Plan The plan for your fatigue relief:

Date	Medication	Dose	Schedule	Comments

Other Treatments Suggested (i.e. non-drug)	
Method	Instructions

Security Check (What to do if your pain or fatigue does not improve):

Call: Evaluation & Treatment Center ext. 65200

Other Notes:
