GRANGER PAIN & SPINE

Medial Branch Block Patient Pain Response Checklist

ACCOUNT: _____

INSURANCE: _____

☐ *MBB #1* ☐ *MBB #2*

**for office use only*

PATIENT NAME: _____ DATE OF BIRTH: _____

MEDIAL BRANCH BLOCK SITE: ☐ cervical ☐ lumbar ☐ thoracic LEVEL & SIDE: _____

DATE OF BLOCKS: _____ /_____ / _____ TIME OF BLOCKS: _____: _____ AM/PM

PLACE AN "X" IN THE AREA THAT DESCRIBES YOUR PAIN LEVEL

HOUR	100% COMPLETE RELIEF	80% PRETTY MUCH GONE	50% HALFWAY GONE	20% BARELY GONE	0% NO RELIEF	ACTIVITY
1ST HOUR						AT REST
						TWISTING
						SITTING
						WALKING
						BENDING
2ND HOUR						AT REST
						TWISTING
						SITTING
						WALKING
						BENDING
3RD HOUR						AT REST
						TWISTING
						SITTING
						WALKING
						BENDING
4TH HOUR						AT REST
						TWISTING
						SITTING
						WALKING
						BENDING
5TH HOUR						AT REST
						TWISTING
						SITTING
						WALKING
						BENDING
6TH HOUR						AT REST
						TWISTING
						SITTING
						WALKING
						BENDING

*This form must be completed & returned in order to receive authorization from your insurance for spinal radiofrequency ablation.

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