PAIN CARE CONSULTANTS
1500 Line Avenue, 2nd Floor, Shreveport, LA 71101
Telephone: 318-629-5505 Fax: 318-629-5506

Medication Refill, Narcotic Management and Monitoring (Med-Check)

Patient to Complete this Section

Dr. Nelson **Dr. Majors** **Dr. Letchuman**

Date: _____ Workers Comp: Yes No

Name of Patient: _____

Date of Birth: _____

Chief Complaint: _____

Pain Level: LOW 1 2 3 4 5 6 7 8 9 10 HIGH

Any Side Effects from Medications?

Work Status: Full-time Part-time Full-duty Restricted-duty Retired Disabled Never-worked

Patient Signature: _____

Clinic Staff to Complete this Section

Date of Last Follow-up Visit: _____

Mental Status: Alert Drowsy Cooperative

Vitals: BP_____ Pulse_____ Pulse Ox_____

Diagnosis on Record: _____

Plan:
Previous urine drug screen results were reviewed by the physician. Following assessment to decrease the risk of diversion and abuse; and improve compliance, a prescription for the necessary medication, signed by the physician, was given to the patient today.

Clinic Staff Signature: _____ **Date** _____

Medical Assistant:	**Sasha Harris, MA / Latoya Waller, MA**
Nurse Practitioner:	**Shannon McTire, NP / Eileen Garland, NP**
Physician:	**Rama Letchuman, MD / Ross Nelson, MD**