VA Patient - Pain Survey

Treatment performed with the Avazzia® Microcurrent Device

Patient Name:					_ Date:	Time:	
Provider Name: Department:							
1. Please rate pat	ient's reported	d pain level E	BEFORE Ava	zzia treatme	nt. (Circle fac	e or number on scale belov	v.)
		Wong	-Baker FACE	S® Pain Ratin	g Scale		
	$\left(\begin{array}{c} \widehat{000} \\ \widehat{000} \end{array} \right)$	$\left(\widehat{\widehat{\mathfrak{Go}}} \right)$	$\left(\begin{array}{c} \\ \\ \\ \\ \end{array}\right)$	((() () () () () () () () ()	(30)		
	0	2	4	6	8	10	
	No Pain	A Little Pain	A Little More Pain	Even More Pain	A Whole Lot Of Pain	Worst Pain	
				lation. www.WongBakerF use. Used with permission			
2. Please describe	e natient's syn					treatment	
Z. Ficase describe	e patient 3 3yn	престізапа	location of	tric pairi bei	ONE AVAZZIA	treatment.	
3. Clinical Educat	or:				De	vice used: RSI UL P	 S3
Treatment start time: Treatment end time:					Total minutes:		
Protocols/mod							
4. Please rate pat	ient's pain lev	el AFTER Ava	azzia treatm	ent. (Circle fa	ace or numbe	er on scale below.)	
		Wong	-Baker FACE	S® Pain Ratin	g Scale		
	(<u>©</u>)	(<u>0</u> 00	(<u>0</u> 00	(§)	() ()		
	0	2	4	6	8	10	
	No Pain	A Little Pain	A Little More Pain	Even More Pain	A Whole Lot Of Pain	Worst Pain	
				dation. www.WongBakerf			
5. Please describe	e patient's sym			he pain AFTE		eatment.	
☐ I want this dev	ice. 🗌 I do r	ot want this	device.				
Patient Signature	•					Date:	
Witness Signature						Date:	