Name of Service User: D.O.B:



Male / Female (Circle) Establishment:

GP Name: Admission Date:

\*To be completed by the first 6-week review and details added to care/support plan\*

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| **Known Pain History** (E.g. Relevant history, Arthritis, joint pain, hip replacement) | **Environmental factors** (E.g. room temperature, noise, seating) |
| **Facial expression** (E.g. grimacing, wincing, frowning) | |
| **Body Movement** (E.g. altered gait, pacing, rocking, repetitive movement) | |
| **Verbalisation / Vocalisation** (E.g. Sighing, grunting, groaning, aggression) | |
| **Interpersonal interactions** (E.g. Aggression, withdrawal, resisting) | |
| **Changes in activity patterns** (E.g. walking with purpose, altered sleep, altered rest pattern) | |
| **Mental Status** (Crying, distress, irritability) | |
| **Physical Changes** (E.g. skin tear, pressure area, stiffness in joints, flushed or pale face,) | |