

# Action Plan



- Medication and Dosage: \_\_\_\_\_
- Follow up in: \_\_\_\_\_ (days, weeks, months)
- Increase dose to: \_\_\_\_\_
- Change medication to: \_\_\_\_\_
- Decrease dose to: \_\_\_\_\_
- Other therapies recommended: \_\_\_\_\_
- Referral to: \_\_\_\_\_

Does the patient report improvement in pain management?  Yes  No

Does the patient report improvement in function (see functional goals)?  Yes  No

Is the patient experiencing side effects from the medication?  Yes  No

Comments: