



## NERVE BLOCK RESULT FORM

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Date of nerve block: \_\_\_\_\_

Please answer the following questions while your nerve block(s) are in effect:

1. What degree of pain relief did you have, if any (e.g. 20%, 50%)?

\_\_\_\_\_

2. How did you tolerate the numbness in the injected areas?

\_\_\_\_\_  
\_\_\_\_\_

3. Were you able to engage in any provocative maneuvers? If so, what were they and how did this affect your relief/numbness?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. How long did the nerve block(s) last? \_\_\_\_\_

5. Any other feedback:

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_