

1. Physician:

2. Date:

3. Demographics

a. Gender:

b. Age:

c. Weight:

d. Height:

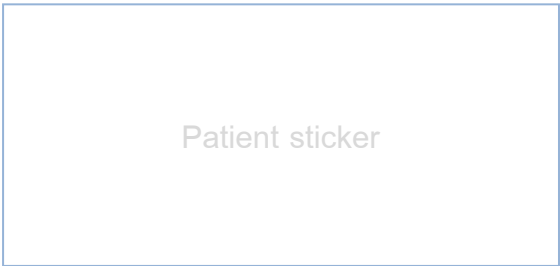
e. Ethnic Group:

f. Smoker? Yes  No

g. Alcohol Consumption (units/week):

None  0-1  1-7  8-14  15-25  26-35  Over 35

h. Further important info:



4. Primary Diagnosis

a. Initial cause of pain:

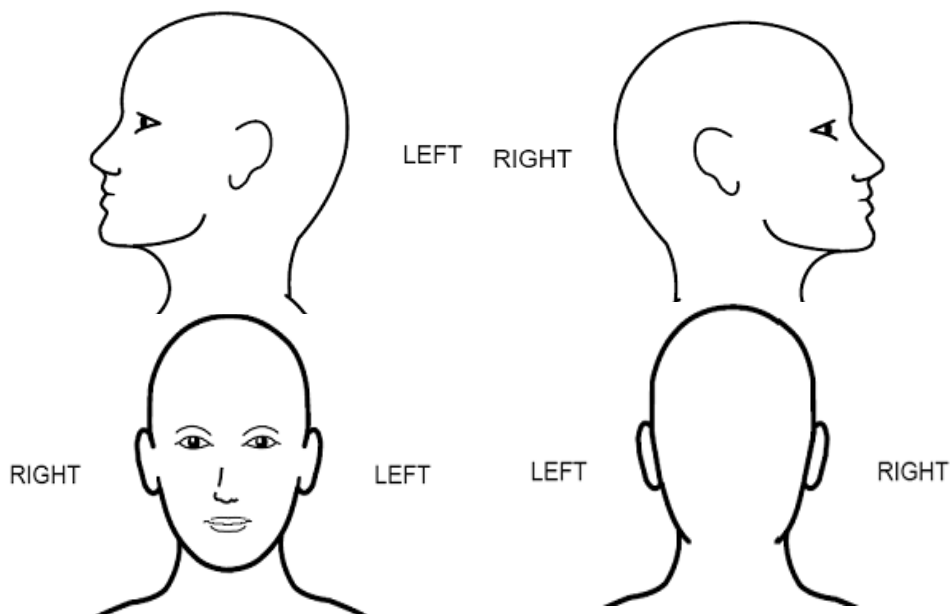
Trigeminal neuralgia

Post-traumatic neuralgia

Atypical trigeminal neuralgia

Other If so, what:

b. Area in pain (please mark on diagram with a X or shade in area):



5. Date started Versatis therapy:

Until:

6. Use of patches:

a. Do you use the patches daily? Yes  No

b. If no, indicate frequency:

c. Hours plaster worn per day:

d. Number of patches:

1/8  1/4  1/2  1  1 1/2  2  3

### 7. Before Versatis treatment.

On a scale of 1 – 10 (where 10 is the worst pain imaginable and 1 is almost no pain) what was your...

Pain at rest:

Pain at worst:

Average pain rating:

#### Pain symptoms:

- Exaggerated pain response (e.g. extreme pain caused by mild pin-prick)
- Sensitive to touch
- Sensitive to cold
- Sensitive to heat
- Generalised pain (no apparent stimulus)

#### Interference with daily functions:

- Sleeping
- Eating
- Drinking
- Kissing
- Make-up application
- Going outside
- Shaving
- Other:

### 8. After Versatis treatment.

On a scale of 1-10 (where 10 is the worst pain imaginable and 1 is almost no pain) what was your...

Pain at rest:

Pain at worst:

Average pain rating:

#### Pain symptoms:

- Exaggerated pain response (e.g. extreme pain caused by mild pin-prick)
- Sensitive to touch
- Sensitive to cold
- Sensitive to heat
- Generalised pain (no apparent stimulus)

#### Interference with daily functions:

- Sleeping
- Eating
- Drinking
- Kissing
- Make-up application
- Going outside
- Shaving
- Other:

### 7. Before Versatis treatment.

#### Other pain medication:

Drug:

Dose:

Date began/stopped:

Drug:

Dose:

Date began/stopped:

### 8. After Versatis treatment.

#### Other pain medication:

Drug:

Dose:

Date began/stopped:

Drug:

Dose:

Date began/stopped:

### 9. Overall, how do you feel following Versatis treatment:

- 1 Very much improved
- 2 Much improved
- 3 Minimally improved
- 4 No change
- 5 Minimally worse
- 6 Very much worse

### 10. Side effects:

a. Event:  Date of occurrence:

b. Severity: Mild  Moderate  Severe

c. Relationship to Versatis:

d. How was this treated/avoided?:

11. Would recommend?    Yes     No

12. Any further comments:
