

Fax Transmittal

Date: _____

To Nephrologist: _____

Fax: _____

From: _____ Phone: _____

Unit: _____ Fax: _____

This is to notify you that _____ has completed the **Wong-Baker FACES® Pain Assessment** on _____. We are informing you of these results as part of collaborative care for this patient and for your future discussion with the patient.

This patient's **Pain score** screens as: 8 (Hurts whole lot) 10 (Hurts worst)Nurses review of results with patient:

Patient's pain is located _____

This pain is is not impacting the patient's normal activities.Patient is is not being seen by anyone for the pain.

Comments if any: _____

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