

OFFICE VISIT PT

Pt name
Referred by
Date

4-Medications list

Comments

Side effects

How often do you take pain pills

Do you take medication from other physicians, or more than prescribed?

5- Last Procedure

Date

Improvement percentage

Post procedure Complications Y N

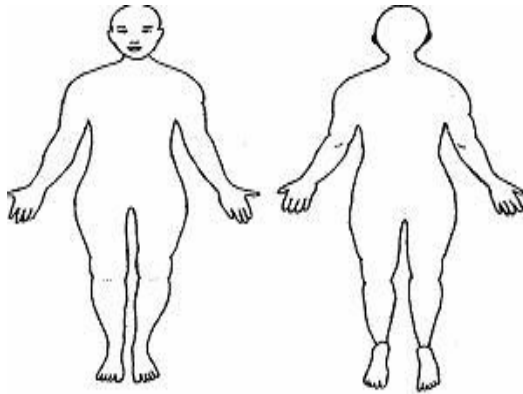
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1-Reason for visit

Emergency visit
Requesting nerve block
After a procedure
Evaluation of medication
Requesting Medication refill
Discuss other treatment

Scheduled EMG UPPER
Scheduled EMG
LOWER
To review EMG
To review MRI
To review Discography
To discuss new pain

2- PAIN DATA



Location

Whole body, Head,
Neck, Shoulder, Arm, Hand
Upper back
Lower back, Hip, Leg, Knee, Foot

Pain intensity (from 0-10)

1 2 3 4 5 6 7 8 9 10

What makes pain worse? -----

What makes it better?-----

Circle pain description

Achy/Burning/dull/Pins/sharp/Shooting/Stabbing/Throbbing/
All Body/ All joints/ Muscle Spasms / Constant /

Circle associated symptoms

Back or neck pain: Recent worsening/Tingling, Pins & needles, Numbness/Weakness/ Dist. Of bowel, bladder control/ Fever/ Point tenderness on the spine

PSYC: Anxiety / Depression / Sleeplessness

Headache: Recent worsening/scalp tenderness/ nausea/ vomiting; light & noise sensitivity/ lack of concentration/ confusion/ difficulty talking/ dizziness/ fainting/ worsening at night/ waking up patient from sleep/ morning headaches / worsening with exercise or coughing or straining or changing position or sexual activity/ fever.

CRPS: skin sensitivity/ numbness/ weakness/ color changes/ swelling/ shiny skin/ hair changes/ temperature changes / sweating changes

3-Circle daily activities that are

impacted: General activity/ Work/ School/ Household work/ Walking/ Standing /Sitting/ Driving/ Movement/ Lifting/ Relations with others/ Social activities/Enjoyment life/ Sex/ Sleep