FOLLOW UP PATIENT FORM

Name:

HPI	REVIEW OF SYSTEMS

HISTORY OF PRESENT ILLNESS

☐ Clear Section		Remarks
Reason for visit	☐ Follow-up ☐ Injection ☐ Post-Procedure Visit	
Where is your pain ?		
Frequency	☐ Continuous ☐ Frequent ☐ Occasional	
Quality	☐ Sharp ☐ Aching ☐ Dull ☐ Tingling ☐ Hot-burning ☐ Tight ☐ Numb ☐ Stabbing ☐ Pounding ☐ Throbbing ☐ Sickening ☐ Cramping ☐ Exhausting ☐ Gnawing ☐ Shooting ☐ Heavy ☐ Tender ☐ Splitting	
Does the pain radiate ?	○ No ○ Yes	
Where does the pain ratiate to :		
Worsening factors		
Strategies use besides medications		
Pain level	○ 0/10 ○ 1/10 ○ 2/10 ○ 3/10 ○ 4/10 ○ 5/10 ○ 6/10 ○ 7/10 ○ 8/10 ○ 9/10 ○ 10/10	
Pain relieved by taking medications	○ 0% ○ 10% ○ 20% ○ 30% ○ 40% ○ 50% ○ 60% ○ 70% ○ 80% ○ 90% ○ 100%	
Activities - after starting medications	☐ Improved ☐ Remained the same ☐ Decreased	
Current functional level	○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10	
How well do you sleep	☐ Good ☐ Fair ☐ Poor	
Hours of sleep per night		
No. of times waking up during the night		
Word describing mood	☐ Good ☐ Fair ☐ Poor	
Are you pregnant or considering becoming?	○ No ○ Yes	

REVIEW OF SYSTEMS

PLEASE CIRCLE ANYTHING THAT MAY APPLY TO YOU

Constitutional

Fever Chills

Hot Flashes Night Sweats

Weight Loss

COMMENTS :

Respiratory

Trouble Breathing Shortness of Breath

Sputum Production Sleep Apnea

Orthopnea Wheezing

Respiratory Infections

COMMENTS :

Cardiovascular

Chest Pain Limb Swelling

Limb pain with walking Pedal (foot) Edema

Varicose Veins PND (difficulty breathing while laying down)

COMMENTS :

MUSCULOSKELETAL

Muscle Pain
Muscle Cramp
Muscle Twitches
Loss of Muscle Bulk
Neck Pain
Back Pain
Joint Pain
Joint Stiffness
Joint Swelling

COMMENTS :

Neurological

Seizures
Blackouts
Trouble with Memory
Trouble Concentrating
Headache
Numbness
Weakness
Tremors

COMMENTS :

PEG

1. CURRENT PAIN LEVEL.

0 1 2 3 4 5 6 7 8 9 10

2. AVERAGE PAIN LEVEL IN THE LAST WEEK.

No Pain 0 10 Pain as bad as you can Imagine

0 1 2 3 4 5 6 7 8 9 10

3. HOW PAIN HAS INTERFERED WITH ACTIVITY IN THE LAST WEEK.

Does not interfere 0 10 Completely interferes

0 1 2 3 4 5 6 7 8 9 10

4. HOW PAIN HAS INTERFERED WITH YOU ENJOYMENT OF LIFE IN THE LAST WEEK.

Does not interfere 0 10 Unable to carry out any activity

0 1 2 3 4 5 6 7 8 9 10