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Follow-Up Visit Form

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Name: _____ DOB: _____ Date: _____

Reason for Visit:

New Pain/Injury: _____

Med refill Med change Review imaging or test Post-procedure assessment

Change in status: Yes No _____

Consultation: Yes No _____

New medication: Yes No _____

Therapy: PT Chiropractor Acupuncture Massage Other _____

Imaging: X-ray CT scan Bone scan DEXA scan MRI

Admission to: _____

Pain Level – Pain score: 0 (no pain) – 10 (severe pain)

Current: _____ Pain with medications: _____

Pain without medications: _____

Worst area of pain: _____

Other area(s) of pain: _____

Description of Pain

Dull/Achy Numbness/Tingling Shooting
 Sharp/Stabbing Throbbing Hot/Burning

Relief from Procedure

Procedure: _____

Relief: _____%

Duration: _____

Medication

Change(s) in medication: _____

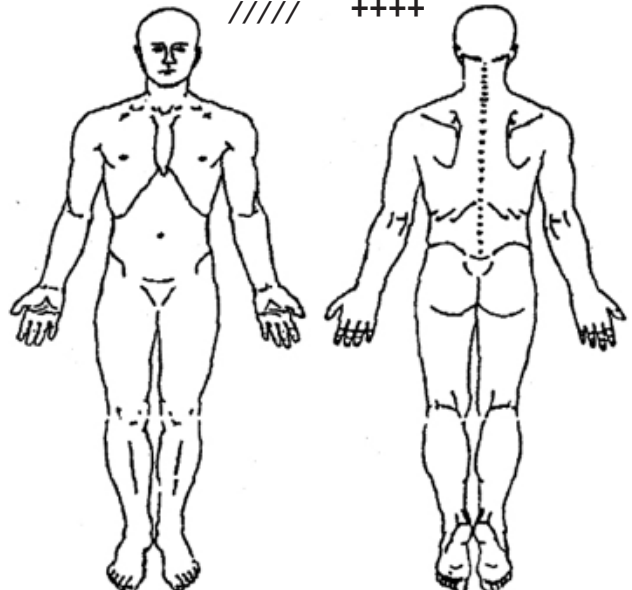
Effect: Side effects _____

No adverse effects

Using the symbols given below, mark the area on your body where you feel the described sensations. Include all affected areas.

Aching Numbness Pins & Needles Burning
▲▲▲▲ ----- ●●●●●● xxxxx

Stabbing Other
///// +++++



Treatment Effect

	Improved	Worse	Same	Comments
Chores				
Function				
Mood				
Quality of Life				
Recreation				
Sleep				
Work				

Medication Refills Requested Today: Yes No

1. _____
2. _____
3. _____
4. _____

Current Opiate Medications

Name	Dose	Pills remaining

Review of Systems

Constitutional/Systemic:

- Chills/Night Sweats
- Difficulty Sleeping
- Easy Bruising
- Fevers
- Weight Loss
- Weight Gain

Eyes/Ears/Nose/Throat/Neck:

- Allergies/Runny Nose
- Difficulty Hearing
- Earaches/Ringing
- Nosebleeds
- Recent Visual Changes
- Recurrent Sore Throats
- Sinus Problems

Endocrine:

- Fatigue/Low Energy
- Heat/Cold Intolerance
- Increased Thirst
- Low Libido

Neurological:

- Dizziness
- Headaches
- Imbalance
- Loss of Memory
- Numbness/Tingling
- Seizures
- Weakness

Gastrointestinal:

- Constipation
- Diarrhea
- Nausea/Vomiting
- Reflux

Genitourinary/Nephrology:

- Frequent Urination
- Incontinence
- Painful Urination
- Pelvic Pain

Cardiorespiratory:

- Chest Pain
- Edema/Swelling in the Feet
- High Blood Pressure
- Lightheadedness
- Palpitations
- Shortness of Breath

Psychiatric:

- Anxiety/Stress
- Depressed Mood
- Hallucinations
- Suicidal Planning
- Suicidal Thoughts