3840 Ed Drive, Suite 111
Raleigh, NC 27612
919-825-3902

1303 Carthage Street
Sanford, NC 27330
919-292-2468

Spine & Pain ASSOCIATES
Feel Better, Live Better
www.spineandpainassociates.com • Fax 919-292-2167

959 East Street
Pittsboro, NC 27312
919-292-2468

3117 Rogers Road, Unit #120
Wake Forest, NC 27587
919-701-5503

Follow-Up Visit Form

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

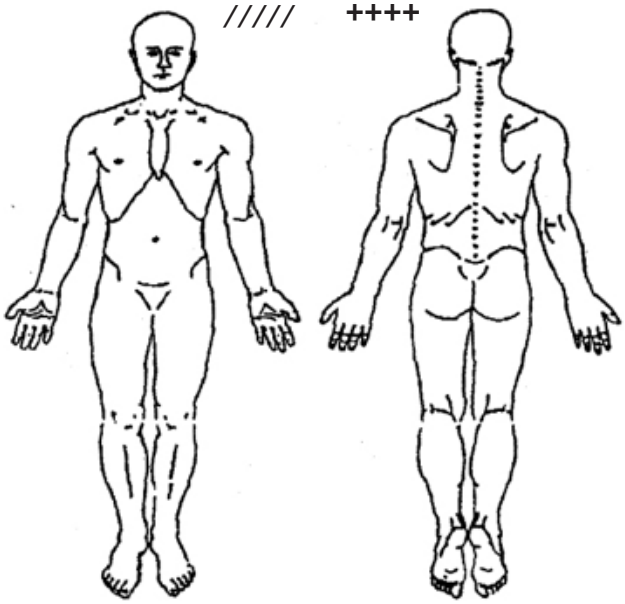
Procedure: _____
Relief: _____%
Duration: _____

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	Stabbing	Other
ΔΔΔΔ	-----	ooooo	xxxx	/////	++++



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