

Follow-Up Questionnaire

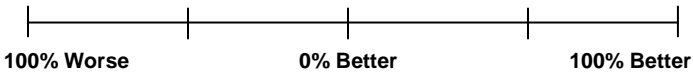
Name: _____ Date: _____

Email: _____

*** Please notify the front desk if you have ***
changed your insurance or contact information

What are your goals for today's visit?

Since your last visit, do you feel...?



Have you had any other medical, social or family changes since we last saw you? Yes No
Please explain:

Any diagnostic tests since your last visit? No

X-Ray CT scan MRI EMG Other
Date(s) of tests(s): _____
Where done: _____

Any new treatments since last visit? No

Physical Therapy Home exercises
 Chiropractor Injection/Nerve blocks
 Acupuncture Type: _____
 Psychological counseling Massage
 Other _____ TENS Unit

Any medication changes? No Yes

NAME	DOSE	FREQUENCY

Description:

Is your pain: constant intermittent

What makes your pain better?

What makes your pain worse?

Do you have any numbness? No Yes

Please describe: _____

Do you have any weakness? No Yes

Please describe: _____

Review of Systems:

Are you currently experiencing any of the following conditions?

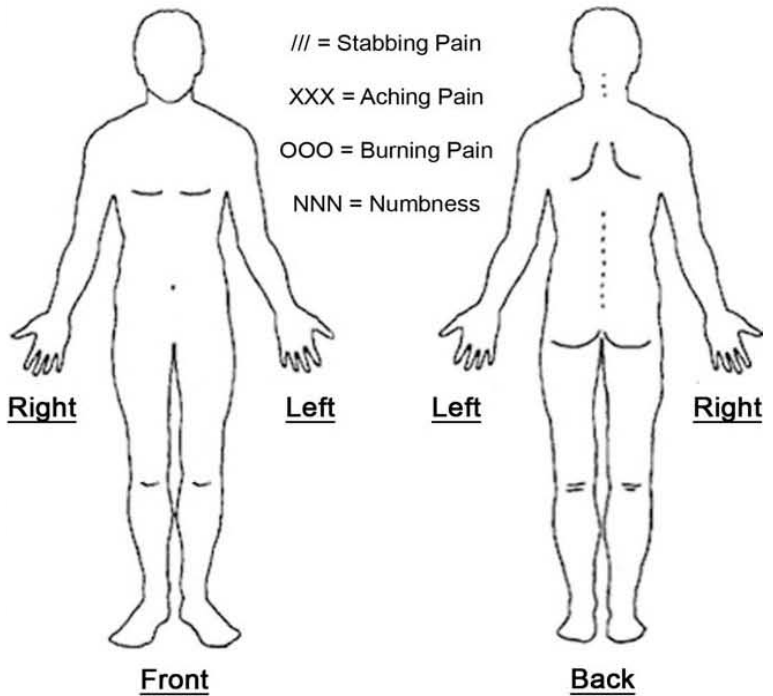
- | | |
|--|---|
| <input type="checkbox"/> Fever | <input type="checkbox"/> Diarrhea |
| <input type="checkbox"/> Chills | <input type="checkbox"/> Abdominal pain |
| <input type="checkbox"/> Cough | <input type="checkbox"/> Headache |
| <input type="checkbox"/> Shortness of breath | <input type="checkbox"/> Balance problems |
| <input type="checkbox"/> Sore throat | <input type="checkbox"/> Rash |
| <input type="checkbox"/> Chest pain | <input type="checkbox"/> Joint swelling |
| <input type="checkbox"/> Palpitations | <input type="checkbox"/> Incontinence |
| <input type="checkbox"/> Constipation | <input type="checkbox"/> Feeling "down" |

Please list additional aches/pains:

Any new providers in your care? No Yes

Name(s) and phone number(s): _____

Please draw your pain on the diagrams below. Use the corresponding symbols to show the type and location of pain you feel.



Please rate your pain on a scale of 0 to 10:



Office Use Only

Provider Initials: _____