

Date: \_\_\_\_\_

Date of Surgery: \_\_\_\_\_

How long has it been since your last visit: \_\_\_\_\_

Since your last visit you are:  Better  worse  unchanged Comments: \_\_\_\_\_

How much better are you feeling since your last visit? \_\_\_\_\_ % since injury/surgery \_\_\_\_\_%(If no better put 0%)

Toe	Heel	Foot	Ankle	Leg	Hand	Knee	Thigh	Hip	Back	Neck	Shoulder	Clavicle
Arm	Elbow	Wrist	Finger	Other:	<input type="checkbox"/> Left		<input type="checkbox"/> Bilateral					
			<input type="checkbox"/> Right									

**Treatment:**

- o Medications you are currently taking for this condition: \_\_\_\_\_
- o Physical therapy: \_\_\_\_\_
- o Home Exercises: \_\_\_\_\_
- o Injection: \_\_\_\_\_
- o Brace/Cast: \_\_\_\_\_

**Severity** What is the severity of your pain? (scale of 0-10) \_\_\_\_\_

**Quality** What is the quality of your pain?  Sharp  Dull  Stabbing  Throbbing  Aching  Burning

**Timing** The pain is:  Constant  Intermittent Does your pain wake you from sleep?  yes  no

**Context** Since my problem started, it is:  Getting Better  Getting Worse  Unchanged

**Assoc. Symp** Do you have?  Swelling  Bruising  Numbness  Tingling  Weakness

**Modify** What makes your symptoms worse?  Standing  Walking  Lifting  Exercise  
 Twisting  Bending  Squatting  Kneeling  Stairs  Sitting  Coughing/Sneezing

**Comments:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**For Office Use**

X-ray findings:  negative mild / mod DJD type I / II / III no/mild / mod AC grade I/II/III buckle progressive stable alignment \_\_\_\_\_

Codes: NC/ MDC/ 03 / 04 / 13 / 14 / 24 / 25 / 43 / 45 / 73 Modifiers: 25 / 24 / 50 / 51 / 58 / 55 / 57 / 58 / 78 / 79

Follow Up: \_\_\_\_\_ days /1w / 2w / 3w / 4w / 6w / 8w / 3m / 4m / 6m / 1y / prn / MRI / bone scan / pre-op / post / md to call / pt to call / sidelines / injury

PT: AFPT/ NV Sugar / Dacula / Lville Lanier / Morris / Sportscore / Promina / CHOA/ AtlRehab / Home / Other: \_\_\_\_\_

Medications: V / pred / perc / Lort / \_\_\_\_\_ Injection: Sub / AC / Glen / Knee / Wrist / Ankle / trigger / tendon / Supartz

MRI: R / L arthro Closed / Open S / K / A / W / Neck / Back Other: \_\_\_\_\_

Bone Scan: back with spect / LE / Foot / Wrist

Supplies: wrist splint / boot / lace up / air cast / finger / cast shoe / heel / \_\_\_\_\_ Casts: SA / LA / sleg / walker / lleg / splint / gortex

One Source: exchange / fusion / ultra / shoulder stabilizer \_\_\_\_\_

Referrals: epidurals / facets / sympathetic/ EMG / NCV MD / other: \_\_\_\_\_

Notes: coaches / work / school / gym Follow up X-ray  Out of cast



**Review of Systems**

I have no problems or changes in these areas since my last office visit

GI	None <input type="checkbox"/>	Heartburn/Ulcers	Nausea/Vomiting
Cardiac	None <input type="checkbox"/>	Chest Pain	Palpitations
Respiratory	None <input type="checkbox"/>	Shortness of Breath	Chronic Cough
Musculoskeletal	None <input type="checkbox"/>	Swelling in Extremity	Increased Weakness
General	None <input type="checkbox"/>	Fever/Chills	Rashes
Neurological	None <input type="checkbox"/>	Numbness/Tingling	Radicular Pain
Hematology	None <input type="checkbox"/>	Pulmonary Embolus	Deep Venous Thrombosis
GU	None <input type="checkbox"/>	Blood in Urine	Kidney Stones
Psychiatric	None <input type="checkbox"/>	Depression	Sleep Disturbances
ENT	None <input type="checkbox"/>	Sore Throat	Hearing Change
Eyes	None <input type="checkbox"/>	Blurry Vision	Double Vision
Endocrine	None <input type="checkbox"/>	Hormonal Problems	Heat or Cold Intolerance
Allergy	None <input type="checkbox"/>	New Drug Allergy	Specify:

**Past Medical History:**

Have you been prescribed any new medications or changed any medications since your last visit?  
(yes or no)

**Past Medical History:**

What is your current job status?

- Do Not Work
- Regular Duty
- Light Duty
- Not Working Due to this Condition

When do you expect to return to full duty?

When do you expect to return to work?

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Patient/Guarantor