

Today's Date ___/___/___

Current Treatments(circle): Phys Ther Massage Chiropractic

Provider(s) and Response: _____

If you had an injection since your last visit, did it help?

Injection Type _____ Immediate Relief? _____ Long Term Relief? _____
 (hours) (days/weeks)
 Yes / No Yes / No

Any new tests? (circle) X-rays MRI CT scan

Location of imaging: _____

Have you seen another doctor since your last visit? Y / N

Explain: _____

What number best describes how, during the past week, the pain has interfered with your **enjoyment of life?**

Does not interfere 0 1 2 3 4 5 6 7 8 9 10 Completely interferes
...general activity?

Does not interfere 0 1 2 3 4 5 6 7 8 9 10 Completely interferes

What activities increase your pain?

- Standing Walking Changing Positions
 Sitting / Driving Lying Down

Have you recently lost control over your bowel or bladder function?

no yes, describe _____

- I also have: Balance problems Leg / foot weakness/numbness/tingling
 Hand clumsiness Hand weakness/tingling/numbness
 None of these

Work Status (Please circle those that apply)

- Working; this problem has not affected my work
- Before my pain, I normally worked **full or part time**? _____ hrs/week
- Working less because of this problem; approx ___% less or ___hrs/wk less
- Retired, permanently disabled, home duties, seeking work, unable to work

Describe any job tasks that affect your pain: _____

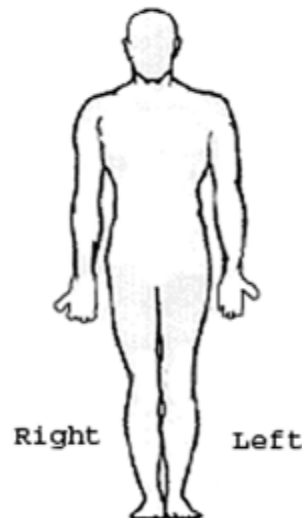
Over the past 2 weeks, how often have you been bothered by any of the following problems?

	Not At all	Several Days	More Than Half the Days	Nearly Every Day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed or hopeless	0	1	2	3
1. Feeling nervous, anxious or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3

How many times in the past year have you used an illegal drug or used a prescription medication for non- medical reasons? Never / 1 or more times

Draw your pain on the diagrams shown. Use the corresponding symbols to show the type of pain you feel. (Top picture = front view)

- Aching ***
 Numbness ===
 Pins and needles ○○○
 Burning XXX
 Stabbing ///



Back

Please rate your pain by indicating the number that best describes your average pain in the last 24 hours on a 0 (no pain) to 10 (pain as bad as you can imagine) scale.

24 Hr. Avg. 0 1 2 3 4 5 6 7 8 9 10

What number best describes your pain, on average, over the past week?

7 Day Avg. 0 1 2 3 4 5 6 7 8 9 10

Medications currently taking for **spinal or presenting pain** injury/problem

Medication type	Strength	Actual # taking / day	Results (does it help?)

Medications **previously** tried:

See medication list. Any changes in pain meds?

Any side effects? Circle: sedation, mental fogginess, irritability or sadness, anxiety, low energy, constipation, other

Directed Physical Examination: General: CN Cog

Palpation: _____

Reflexes: BC BR TC PAT ACH Hoff Bab Clonus Romb Gait

Left _____

Right _____

Motor: Scap ShER / AB Eflex Wext Eext FinE FinFl FinAb APB

Left _____

Right _____

 Hflex Quad Kflex ADF EHL Evert H&T HR One Leg Squat

Left _____

Right _____

Sensory: UE C4 5 6 7 8 LE L2 3 4 5 S1 // Tinnel Phalen ElbFlex TOS

Left _____

Right _____

ROM: CER: F E RSB LSB RR LR QuadR QuadL

ROM: Th-Lumb: F E RSB LSB RR LR QuadR QuadL

SIJ:tend SF Stork PelDist FABER Thrust Comp SLR: sit / supine Slump Femoral

Hip: FABER Scour IROP Shoulder: Neer can KH add biceps cuff other:

Images:

Diagnoses:

_____	_____
_____	_____
_____	_____

Plan:

Have you recently had any of the following symptoms? Check those that apply or **check none at the bottom.**

Fevers

Weight loss

Night sweats

Chest pain

Stomach pain

Wheezing or breathing problems

Loss of bowel control

Problems with urination

Skin rash

Problems thinking or remembering

Depression or anxiety

Vision changes

Ringing of the ears

Poor balance

Swelling

Pain or cramping in the legs with exertion

None

Office Use:

CPDMP consistent? Yes No

U/A consistent? Yes No

80305

Z79.891 (opioid)

Z79.899 (other med / opioid dep)

96103

99202 99203 99204 99205

99211 20552 20553

99212 20610 20611

99213 20605 20606

99214 95886 EMG 5+ Units__

99215 95909 NCV 5-6

 959__

 95911 NCV 9-10

76942 76881 76882

Modifier: E/M-25 50 - bilateral

FU: ___days ___wks ___mo

FU: JSB__DT__JR__SB__

Procedure? _____

Referral? _____

Order notes:

Height _____ Weight _____ BP _____ HR _____ GUGT _____ Reviewed by: _____, Provider Date _____