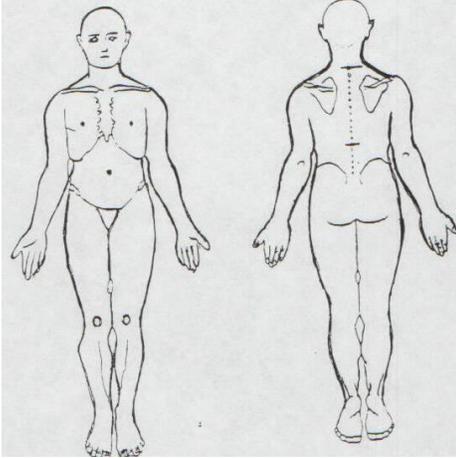


## Patient Follow up Encounter

**Patient:** \_\_\_\_\_ **Date of visit:** \_\_\_\_\_  
**Date of birth:** \_\_\_\_\_  
**Pain/Chief Complaint:** \_\_\_\_\_  
**Since your last office visit, have you been (circle all that apply):** ER Hospital PCP Other specialist \_\_\_\_\_  
**Has the pain changed in intensity and/or character since your last visit?** YES NO If yes, describe: \_\_\_\_\_

**Where is it located: (shade diagram, mark worst spot with an X)**



<u>PAIN SCALE</u>		<b>Office use only:</b>	
Since last visit, rate:		Weight: _____	
	<b>None</b>	<b>Worst</b>	Height: _____
Worst Pain:	0 1 2 3 4 5 6 7 8 9 10		Pulse: _____
Least Pain:	0 1 2 3 4 5 6 7 8 9 10		Resp: _____
Usually:	0 1 2 3 4 5 6 7 8 9 10		BP: _____ / _____
Right Now:	0 1 2 3 4 5 6 7 8 9 10		Pulse Ox: _____
Acceptable Level:	0 1 2 3 4 5 6 7 8 9 10		Taken by: _____
<b>Office use only: EMG</b>		<b>ANS</b>	<b>MRI</b>
<b>UA POC Required / Done</b>			<b>SCREENING</b>

**Did you recently have a procedure/ injection?** YES NO If yes, what type? \_\_\_\_\_  
**Did it help?** YES NO Please explain: \_\_\_\_\_  
**Are you getting relief from your current medications?** YES NO If no, please explain: \_\_\_\_\_  
**Is there anything else we can help you with today?** \_\_\_\_\_

**CURRENT MEDICATIONS:**

Medication	Dose	Frequency

**Pharmacy Name:** \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_

**Do you take any blood thinners?** Yes No  
**Who prescribes the blood thinner?** \_\_\_\_\_  
**Any known drug allergies?** Yes No

Medication	Allergic Reaction

**Topical allergies:** Iodine Latex Tape

**Opioid Side Effects: (Circle all that apply)** Constipation Dizziness Drowsiness Impaired mentation  
sexual dysfunction Dry mouth Nausea Vomiting Pruritus Depression

**Alcohol use (circle one):** Never drinks Socially History of Alcoholism Current Alcoholism

**Illegal drug use (circle one):** YES NO If yes, please elaborate: \_\_\_\_\_

**Have you ever abused prescription medications:** YES or NO If yes, please elaborate: \_\_\_\_\_

**Smoking (circle one):** Never a smoker Former smoker Current smoker (how much?) \_\_\_\_\_

# The Revised Oswestry Disability Index

Patient name: \_\_\_\_\_ Date: \_\_\_\_\_

## SECTION 1-PAIN INTENSITY

- 0) The pain comes and goes and is very mild
- 1) The pain is mild and does not vary much
- 2) The pain comes and goes and is moderate
- 3) The pain is moderate and does not vary
- 4) The pain comes and goes and is very severe
- 5) The pain is severe and does not vary much

## SECTION 2-PERSONAL CARE

- 0) I would not have to change my way of washing or dressing in order to avoid pain
- 1) I do not normally change my way of washing or dressing even though it causes some pain
- 2) Washing and dressing increases the pain, but I manage not to change my way of doing it
- 3) Washing and dressing increases the pain and I find it necessary to change my way of doing it
- 4) Because of the pain, I am unable to do some washing and dressing without help
- 5) Because of the pain, I am unable to do any washing and dressing without help

## SECTION 3-LIFTING

- 0) I can lift heavy weights without extra pain
- 1) I can lift heavy weights, but it causes extra pain
- 2) Pain prevents me from lifting heavy weights off the floor, but I manage if they are conveniently positioned (e.g on a table)
- 3) Pain prevents me from lifting heavy weights off the floor
- 4) Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned
- 5) I can only lift very light weights at the most

## SECTION 4-WALKING

- 0) I have no pain while walking
- 1) I have some pain while walking, but it does not increase with distance
- 2) I cannot walk more than one mile without increasing pain
- 3) I cannot walk more than ½ mile without increasing pain
- 4) I cannot walk more than ¼ mile without increasing pain
- 5) I cannot walk at all without increasing pain

## SECTION 5-SITTING

- 0) I can sit in any chair as long as I like
- 1) I can only sit in my favorite chair as long as I like
- 2) Pain prevents me from sitting more than one hour
- 3) Pain prevents me from sitting more than ½ hour
- 4) Pain prevents me from sitting more than 10 minutes
- 5) I avoid sitting because it increases pain right away

## SECTION 6-STANDING

- 0) I can stand as long as I want without pain
- 1) I have some pain while standing, but it does not increase with time
- 2) I cannot stand for longer than one hour without increasing pain
- 3) I cannot stand for longer than ½ hour without increasing pain
- 4) I cannot stand for longer than 10 minutes without increasing pain
- 5) I avoid standing because it increases the pain right away

## SECTION 7-SLEEPING

- 0) I get no pain in bed
- 1) I get pain in bed, but it does not prevent me from sleeping well
- 2) Because of pain, my normal night's sleep is reduced by less than ¼
- 3) Because of pain, my normal night's sleep is reduced by less than ½
- 4) Because of pain, my normal night's sleep is reduced by less than ¾
- 5) Pain prevents me from sleeping at all

## SECTION 8-SOCIAL LIFE

- 0) My social life is normal and gives me no pain
- 1) My social life is normal, but increases the degree of pain
- 2) Pain has no significant effect on my social life apart from limiting my more energetic interests (e.g. dancing, etc.)
- 3) Pain has restricted my social life and I do not go out very often
- 4) Pain has restricted my social life to my home
- 5) I have hardly any social life because of the pain

## SECTION 9-TRAVELLING

- 0) I get no pain while traveling
- 1) I get some pain while traveling, but none of my usual forms of travel makes it any worse
- 2) I get extra pain while traveling, but it does not compel me to seek alternative forms of travel
- 3) I get extra pain while traveling, which compels me to seek alternative forms of travel
- 4) Pain restricts all forms of travel
- 5) Pain prevents all forms of travel except that done while lying down

## SECTION 10-CHANGING DEGREE OF PAIN

- 0) My pain is rapidly getting better
- 1) My pain fluctuates, but is definitely getting better
- 2) My pain seems to be getting better, but improvement is slow at present
- 3) My pain is neither getting better nor worse
- 4) My pain is gradually worsening
- 5) My pain is rapidly worsening

Total: \_\_\_\_\_ / \_\_\_\_\_ = \_\_\_\_\_ %  
Total score / (# of sections completed x 5)