

COASTAL SPINE & PAIN CENTER

Follow-Up Form

Patient Name: _____ Date: _____

Chief Complaints:

1. _____ 3. _____
2. _____ 4. _____

Intensity of pain: (mark where your pain falls, where 0=No Pain and 10=Worst pain in your life)

0	1	2	3	4	5	6	7	8	9	10
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How has the pain changed since your last visit? Better - Worse - No Change

Pain Description(circle all that apply): Constant – Intermittent – Sharp – Burning – Shooting – Achy – Knife-like

Twisting – Pressure – Lancinating – Burning – Gnawing – Toothache – Pressure – Deep - Heavy

Have you had any diagnostic studies since your last visit? N / Y: _____

CURRENT MEDICATIONS:

ALLERGIES: _____

Are you experiencing any side effects from your meds?

Constipation: Y / N Fatigue: Y / N Confusion: Y / N

other: _____

MEDICAL Hx: Have you had any new injuries, illnesses, hospitalizations, surgeries? _____

SOCIAL Hx: Do you smoke: N / Y: _____ /day Do you drink alcohol? N / Y: _____ /week

REVIEW OF SYSTEMS: (Please circle any symptom that applies to you)

General:	Fever, Chills, Weight change, Weakness, Fatigue
Respiratory:	Cough, Sputum, Wheezing, Asthma, Shortness of breath
Cardiology:	High blood pressure, Swelling of ankles, Murmurs, Irregular heart beat, Chest pain
Dermatology:	Itching, Rash, Dry skin, Skin color changes
Endocrinology:	Diabetes, Hyper or Hypo Thyroid, Hot/Cold intolerance, Frequent urination, Thirst
Gastrointestinal:	Heartburn, Constipation, Nausea, Vomiting, Bloody stools, Incontinence of stool
Genitourinary:	Incontinence of Urine, Bloody urine, Burning with urination, Kidney stones
Musculoskeletal:	Pain in: (Low back, Mid back, Upper back, Neck, Shoulder, Arm, Elbow, Wrist, Hand, Hip, Leg, Knee, Ankle, Heel, Foot) Weakness, Loss of range of motion, Muscle pain, Spasms, Stiffness
Neurology:	Numbness, Pins and Needles, Seizures, Blackouts, Dizziness, Vertigo, Deafness, Headache
Psychology:	Depression, Anxiety, Panic attacks, Insomnia, History of Drug/Alcohol Abuse

Physician Notes:

PHYSICAL EXAMINATION:

Vitals: temp: _____ pulse: _____ blood pressure: _____ / _____

General: AO x 3 Cooperative In no acute distress Comments: _____

Respiratory: respirations regular and unlabored **Cardiovascular:** Pulse regular No edema

Musculoskeletal: ROM decreased: cervical _____ thoracic _____ lumbar _____

Tenderness: _____

Spasm: cervical _____ thoracic _____ lumbar _____

Shoulder: _____ Upper Extremity: _____

SIJ: _____ Knee: _____

Hip: Patrick's test: _____ Pain w/ Internal Rotation: _____ Troch bursa tenderness: _____

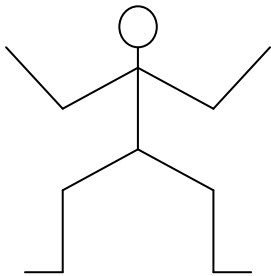
Other:

Neurological: Sensory exam: _____

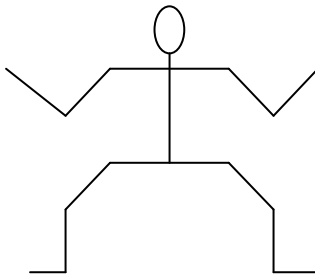
Hoffman sign: ____R/____ L Clonus: ____R/____ L Babinski sign: ____R/____ L

Root tension signs: seated SLR: ____R/____ L supine SLR: ____R/____ L

DTR:



MMT:



Other:

ASSESSMENT:

- 1. _____
- 2. _____
- 3. _____
- 4. _____

PLAN:

Trigger Point Injections performed today, (location: _____):
 After obtaining appropriate informed consent, the areas of pain were palpated and the points of maximal tenderness were identified and marked. Utilizing strict aseptic technique, a 27G 1.25" needle was placed into each identified area. Subsequently, a 0.5 mL solution containing equal parts of 0.75% Marcaine and Sarapin was injected after aspiration was negative for blood return. The needle was withdrawn intact after each injection. The patient tolerated the injections well without any noted complications.

Continue the current pain management regimen, with the following changes: