

Superior Medical Center
11531 N. 56th St, Temple Terrace, Fl 33617.
813-386-0685(p), 813-549-7399(F)
FOLLOW UP VISIT DOCUMENTATION

Patient Name _____ Date _____

PRIMARY PHYSICIAN Phone-----

Patient Email Address -----

1. Describe your main pain problem/diagnosis:

2. Did you have any injections on your last visit? Yes No Circle all that apply:

Epidural, Sacral Joint, Facet Joint, Trigger Point, Other Nerve Block Injections.

3. Were any medications started on your last visit? Yes No Complete:

Name-----

D osage_____

Times per day_____

4. Were any medication dosages changed on last visit? Yes No Complete:

Name -----

Old Dosage-----

New Dosage-----

Times per day _____

5. Please LIST ALL of your current pain medications and the doctors that prescribe them.

DO NOT WRITE "SAME AS BEFORE"

Name Dosage

Times per day

Prescribing doctor

Have your symptoms been helped? Explain.

6. Rate Relief:

0% _____ 50% _____ 100%

7. For your own health and safety, PLEASE List all other medications you are taking, including non-prescription: DO NOT WRITE "SAME AS BEFORE"

Name _____

Dosage _____

Times per day _____

Please circle any conditions you have experienced since your last appointment:

Chills, night sweats, fever, easy bleeding, rash, bruising, hearing loss or taste, dizziness, shortness of breath, wheezing, cough, chest pain, feet swelling, palpitations, nausea, diarrhea, indigestion, abdominal pains, frequent urination, constipation, muscle cramps, joint pain/swelling, morning stiffness, numbness, tingling, lack of sleep, crying spells, convulsion, headache, anxiety, depression.

Other: -----

On a scale of 1 to 10 with 10 been most severe, describe how pain has interfered with your ability to function daily this past week in the following activities:

General Activity:-----

Mood:-----

Walking:-----

Work:-----

Relation with others:-----

Sleep:-----

Enjoyment of Life:-----

Concentration:-----

Appetite:-----

Sex:-----

List all the side effects that you are having from your current medication:-----

Please list any deviation form the direction given to you by the doctor:-----

**Superior Medical Center, 11531 N. 56th St, Temple Terrace, Fl 33671.
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