

## Sports Occupational & Knee Surgery, P.A.

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## **Follow-Up Questionnaire**

These questions are intended to help us j	provide better care for you. Thank you!
PATIENT NAME (PRINT):	TODAY'S DATE
I AM HERE FOR A <u>FOLLOW-UF</u> or	PAPPOINTMENT FOR MY (EX.RT KNEE)
I HAVE A <u>NEW PROBLEM</u> (IND	DICATE NEW BODY PART)
1. WHEN WERE YOU SEEN LAST?	_DAYS OR WEEKS OR MONTHS
2. SINCE YOUR LAST VISIT, ARE YOU	J SAME WORSE BETTER (from 0-100%, How much better?)
3. IF YOU ARE STILL HAVING PAIN, HO	OW SEVERE IS IT? MILD MODERATE SEVERE EXTREMELY SEVERE
4. IS THE PAIN CONSTANT INTERM	MITTENT (comes and goes)
5. PLEASE INDICATE WHICH TREATM	IENTS YOU HAVE HAD SINCE YOUR LAST VISIT
Prescription Anti-Inflammatory Medicine	HELPED DID NOT HELP WHICH MEDICINE
Over-the-counter Anti-Inflammatory	HELPED DID NOT HELP WHICH MEDICINE
Brace, Splint, Shoe Insert, or Cast	HELPED DID NOT HELP WHICH ONE
I did the at home exercises as given to me	
I went to physical therapy	HELPED DID NOT HELP HOW MANY
I received an injection	HELPED DID NOT HELP WHERE GIVEN
SINCE YOUR LAST VISIT HERE	
	TS BECOME SWOLLEN OR PAINFUL? YES NO
	<b>OMS</b> (CHECK ALL THAT APPLY) <b>NUMBNESS TINGLING WEAKNESS</b>
8. HAVE YOU DEVELOPED ANY <b><u>NEW</u></b>	(CHECK ALL THAT APPLY) NAUSEA/VOMITING STOMACH ACHE
9. HAVE YOU DEVELOPED ANY <u>NEW</u>	ALLERGIES? (CHECK ALL THAT APPLY) YES NO IF SO, LIST
10. ARE YOU TAKING ANY NEW MED	ICINES? YES NO IF SO, LIST
11. <u>stopped</u> SMOKING CIGARETTES	S STOPPED DRINKING ALCOHOL Started Smoking Started Using Alcohol
12. HAVE YOU CHANGED YOUR JOB?	
13. ANY OTHER QUESTIONS FOR THE	EDOCTOR?
PATIENT SIGNATURE	DATE
PHYSICIAN SIGNATURE	DATE
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