

# Follow-up Evaluation

Name  
Insurance  
Age/DOB  
email

1. Chief complaint:
2. Is your condition worse same or better since last visit (%)?
3. What aggravates your symptoms/pain?
4. What makes them better?
5. What medications are you taking?
6. Describe any change in your medical conditions or family and social history.

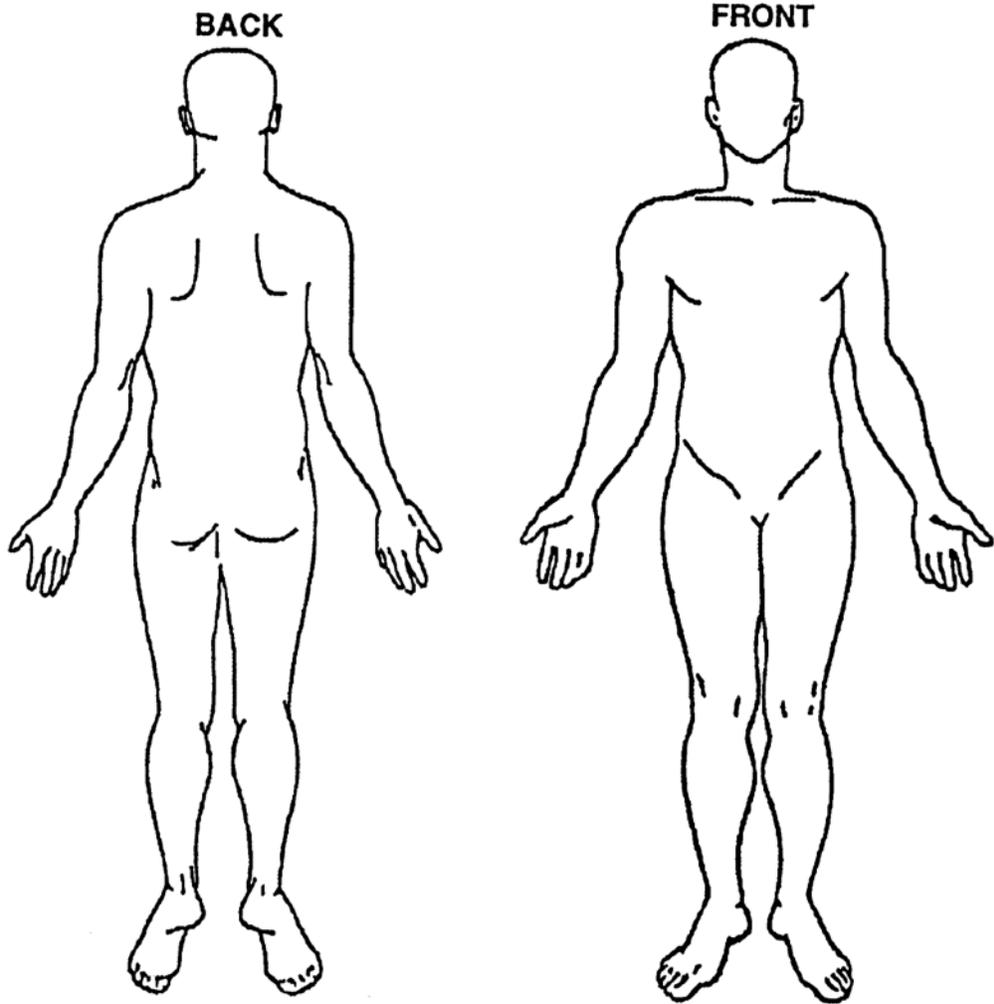
**Allergies** \_\_\_\_\_

<b>ROS</b>	Have you experienced any of the following symptoms?	<u>detail</u>
1. General	Fever, chills, night sweats, weight loss	_____
2. Skin	rash, sores	_____
3. Neurologic	HA, LOC, balance, Sz, weakness	_____
4. Chest	cough, asthma, bronchitis	_____
5. Cardiac	chest pain, SOB, difficulty breathing,	_____
6. GI	ulcer, GI bleeding, dieticlosis	_____
7. Heme	anemia, bleeding disorders, DVT	_____
8. Psychiatric	depression, bipolar, mood swings	_____

**Pain Diagram**

Mark the areas on your body where you feel the described sensation. Use the appropriate symbol. Mark areas of radiation. Include all affected areas.

Tingling 0000  
Pain XXXX  
Numbness IIII



Rate the severity of your pain on a scale of 0-10, 0 being no pain and 10 the greatest pain you've experienced

0 \_\_\_\_\_ 10

PE

**General**

Well developed well nourished (male/female) in no distress.

Alert and oriented with a normal affect

Sitting comfortably, rises from the chair easily, ambulates with a nonantalgic non-ataxic gait

(He/she) can heel-walk, toe-walk, squat, and tandem gait without difficulty.

**Spine Exam**

The head is well balanced over the sacrum in the frontal and sagittal planes

The shoulders and pelvis are level with physiologic lordosis and kyphosis

The plumbline drops down the gluteal cleft

**Cervical Spine**

Neck has symmetric and pain free range of motion and NTTP

Spurling test and Lhermittes are negative.

Thoracic Spine

Thoracic spine has full and symmetric range of motion without pain and NTTP.

Lumbar Spine

The lumbar spine has full and symmetric range of motion without pain and NTTP.

No list or spasm.

Femoral stretch test straight leg raise are negative

**Neurologic exam**

Motor 5/5 throughout the upper and lower extremities

Sensory intact to light touch

reflexes equally symmetric at the biceps, triceps, knee, and ankle.

No clonus and Babinski downgoing

**Extremities**

Shoulders, elbows, hips, knees

symmetric and pain free range of motion.

Normal muscle tone and strength, no atrophy, no TTP.

Impingement tests negative. No trendelenberg.

Abdomen no masses

Chest positive BS

CV no edema, distal pulses intact

skin normal turgor

no adenopathy