



Follow Up Intake Questionnaire for Dr. Saldin

Patient Account # _____
Doctor # _____
Reviewed By _____

Name _____ DOB: _____ Age: _____ Date: _____

Last

First

M.I.

Height: _____ Ft. _____ inch.

Weight _____ lbs

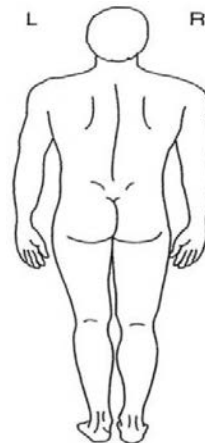
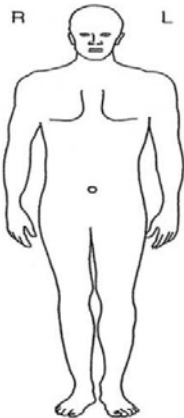
1. My main area of pain is: _____
2. What makes it better? _____
3. What makes it worse? _____
4. Comments or goals for today's visit: _____
5. Any hospitalizations, new diagnosis or health changes since your last visit?

6. Are you more active since your last visit? Please explain: _____
7. Have you reduced your use of pain medications? _____
8. What are your goals with your treatment?
 - a. _____
 - b. _____
 - c. _____

9. List the **DATES & TIMES** of **ALL PAIN** medications taken to treat your **PAIN** in the past **48 HRS.**

Medication Name	Date taken	Time of day medication taken
	/ /	: AM/PM
	/ /	: AM/PM
	/ /	: AM/PM
	/ /	: AM/PM
	/ /	: AM/PM
	/ /	: AM/PM

10. Using the picture below, shade the areas of pain to be addressed today.



Patient Signature: _____

Date: _____



Follow Up Intake Questionnaire, p. 2

Patient Account # _____
Doctor # _____
Reviewed By _____

Name _____
 Last First M.I.

1. What is the reason for the visit today?

- Review ordered tests
- Evaluate progress of therapy/injection
- Discuss continuing problem
- Discuss new problem: _____
- Accident (auto or slip/fall)

2. Please circle on the line below how bad your pain is NOW.

Back Pain	0	1	2	3	4	5	6	7	8	9	10 Worst
Leg Pain	0	1	2	3	4	5	6	7	8	9	10 Worst
Neck Pain	0	1	2	3	4	5	6	7	8	9	10 Worst
Arm Pain	0	1	2	3	4	5	6	7	8	9	10 Worst

3. Is current problem unchanged OR changed (circle one) from last visit?

Describe changes:

4. What other medication(s) and how much of over the counter or prescription medication are you currently taking? _____

5. How many sessions of therapy have you had since the last office visit? _____ N/A

6. How many injection days have you had since the last office visit? _____ N/A

7. Medical history (circle): Not changed Changed on _____ Date _____

Describe below:

8. Are you currently working? Yes No