Oklahoma Spine Hospital
SURGERY • PAIN MANAGEMENT
A PHYSICIAN OWNED HOSPITAL

Dr. Nathan Overbey, Dr. Brandon Valantine, Dr. Cooper Yates
14100 Parkway Commons Drive Ste 201 OKC, OK 73134

Follow-Up Questionnaire

Date: _____ Name: _____

D.O.B: _____ Height: _____ Weight: _____

Since you've last been seen, have you had any changes in your:

1.) Medical History? Please explain _____
2.) New Surgeries? Please explain _____
3.) Medication Changes? Please list _____

Please list a pharmacy you are currently using: _____

Are you currently taking any blood thinners or Aspirin? _____

Since last being seen, is your pain: **IMPROVED UNCHANGED WORSE |** If improved, by what percent? _____

Does your pain interfere with your ADL's? **(please circle)**

Sleep | Cleaning | Work Duties | Exercise | Ability to dress/groom oneself | ADL's

Using the pain scale, please circle your **CURRENT** pain level:

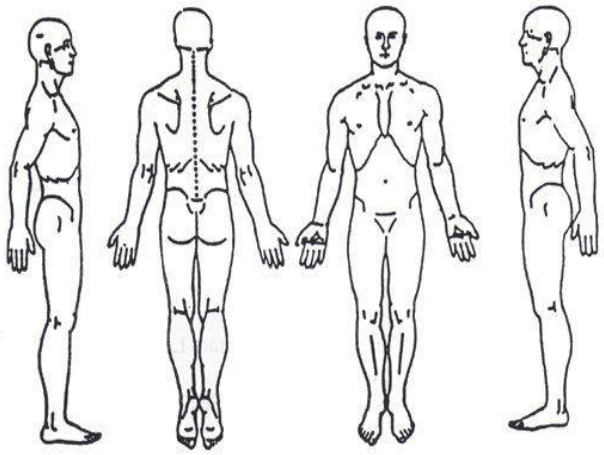
No Pain Unbearable

0 1 2 3 4 5 6 7 8 9 10

Rate pain from 0 (no pain) to 10 (excruciating):

At WORST: _____ At LEAST: _____ AVERAGE: _____

Using the model, indicate the type and location of pain you experience.



Have you ever done Physical therapy for this problem? **YES** or **NO** If yes, when?_____

FOLLOW UP REVIEW OF SYSTEMS: (CIRCLE ALL THAT APPLY)

Constitutional: fever, fatigue, weight gain, weight loss, generalized weakness

Respiratory: shortness of breath, wheezing, cough, sleep apnea

Cardiovascular: chest pain, blood clots, Irregular heartbeat, feet swelling

Musculoskeletal: muscle weakness, muscle pain or tenderness, joint pain, joint stiffness, joint swelling

Neurological: trouble walking, fainting spells, memory loss, tremors

Psychiatric: anxiety, depression, sleeping difficulty