Patient Follow-up Visit Form

JAVERY PAIN INSTITUTE

Patient Name:____ ID#________________________DOB__________________

For intake staff only	BP	HR	RR	T	Wt.	Ht	O2

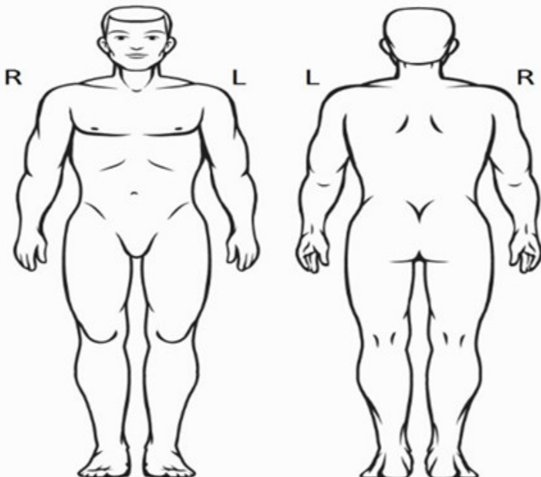
ONLY answer this box if you are receiving a PROCEDURE TODAY. (If) female, Chance you're pregnant? □ No □ Yes
Please write the last time you ate (include am/pm)? ________AM/PM **Blood Thinner in the last 7 days?** □ No □ Yes

Have you had any new x-rays, CT or MRI's? □ no □ yes – **where done?** ____
Any changes in? □ Stress □ Family situation □ Sleep pattern □ Activity □ Weight □ Other:__________________
Please describe any changes? ____
Any changes in medications or are you taking any new antibiotics, blood thinners, vitamins/herbal supplements? □ yes □ no
Please explain any changes in meds?____
Allergies:____

RECENT INTERVENTIONS/FUNCTIONAL STATUS
(SEE BACK OF PAGE FOR NEW JPI PAIN SCALE & SEVERITY SCALE FOR REFERENCE) →

If you are treated for more than one area, please document separately	Pain Area 1 (Example: low back pain)	Pain Area 2 (Example: neck pain)
What pain complaint (s) do we see you for? →		
What is your pain TODAY on a scale of 1 out of 10?	/10	/10
What was your WORST pain since your last procedure?	/10	/10
What was your LEAST pain since your last procedure?	/10	/10
Today I would describe my pain as:	□ sharp □ stabbing □ dull □ throbbing □ aching □ burning	□ sharp □ stabbing □ dull □ throbbing □ aching □ burning
Have you had a recent procedure for this?	□ yes □ no	□ yes □ no
Have you had meaningful improvements from your pain due to treatment here (includes procedure, meds, etc.)?	□ yes □ no	□ yes □ no
What is your current severity of pain (see back of page for severity scale reference)?	□Mild □Moderate □Moderately Severe □Severe	□Mild □Moderate □Moderately Severe □Severe
Have you received meaningful improvements with your activities?	□ yes □ no	□ yes □ no
What is your current severity of difficulty with activities of daily living?	□other___________ □ Mild □ Moderate □ Moderately severe	□other___________ □ Mild □ Moderate □ Moderately severe
What activities do you still have difficulty with? →	□ sitting □ standing □ walking □ lifting □ bending □ twisting □ self-care □ sleeping □ job activities □ school activities □ exercise □ recreational activities □ none	□ sitting □ standing □ walking □ lifting □ bending □ twisting □ self-care □ sleeping □ job activities □ school activities □ exercise □ recreational activities □ none

Mark all of today's pain on the diagram below



What other things have you done to reduce your pain/increase your activities?
□ massage □ avoided activity □ heat □ ice □ walked □ used □ meds □ sat more
□ rested more often □ Other____

Any increased numbness or tingling? □ no □ yes

Any increased muscle weakness? □ no □ yes

New loss of bowel or bladder function? □ no □ yes

Any new/additional symptoms? □ no □ yes

Recent unexplained weight loss? □ no □ yes **Recent fever or chills?** □ no □ yes

If YES to any of the four last questions, please explain:

Patient Signature____ Date_______________________

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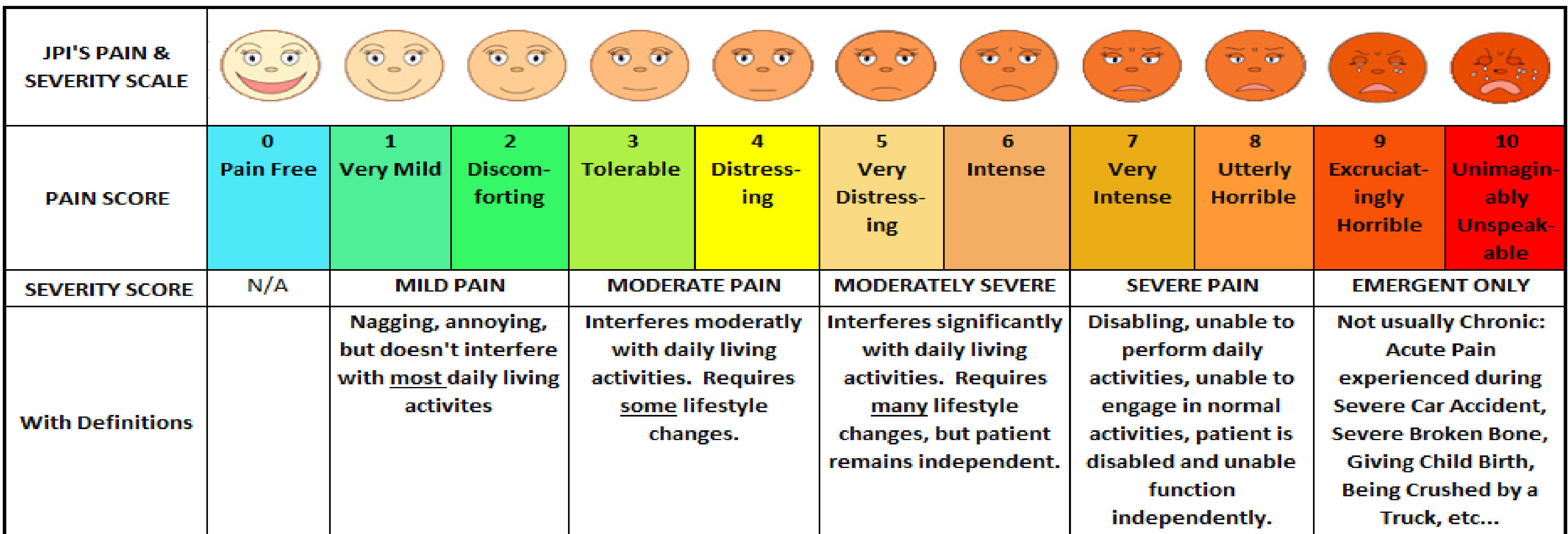

JPI'S PAIN & SEVERITY SCALE											
PAIN SCORE	0 Pain Free	1 Very Mild	2 Discom-forting	3 Tolerable	4 Distress-ing	5 Very Distress-ing	6 Intense	7 Very Intense	8 Utterly Horrible	9 Excruciat-ingly Horrible	10 Unimagin-ably Unspeak-able
SEVERITY SCORE	N/A	MILD PAIN		MODERATE PAIN		MODERATELY SEVERE		SEVERE PAIN		EMERGENT ONLY	
With Definitions		Nagging, annoying, but doesn't interfere with _most_ daily living activites		Interferes moderatly with daily living activities. Requires _some_ lifestyle changes.		Interferes significantly with daily living activities. Requires _many_ lifestyle changes, but patient remains independent.		Disabling, unable to perform daily activities, unable to engage in normal activities, patient is disabled and unable function independently.		Not usually Chronic: Acute Pain experienced during Severe Car Accident, Severe Broken Bone, Giving Child Birth, Being Crushed by a Truck, etc...	