FREMONT ORTHOPAEDICS <PC>

FOLLOW-UP EVALUATION

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All patient information is confidential. Any question you prefer not to answer, simply leave blank.

Patient Name:_____ Date of Birth:_____/_____/_____

Height: _____ ft. _____ in. Wt _____ lbs. ☐Same as initial evaluation

Staff to complete: *Temp _____ BP _____ Heart Rate _____ 0^2 Saturation _____ Resp _____*

Follow-up category ➔ (Please check appropriate box and describe your recent history/experience in the questions below)

☐General progress Evaluation_____

☐Post surgical Evaluation _____

☐New problem Evaluation _____

How long has it been since your last visit? _____ ☐Days ☐Weeks ☐Months ☐Years

Since your last visit, are you: ☐ Better ☐ Same ☐ Worse ☐New injury/accident

On a scale of 0-100%, what percent of normal do you feel lately? _____% ☐NA

How have symptoms been lately? ☐None ☐ Mild ☐ Moderate ☐ Severe ☐ Extremely Severe

Have you participated in any of the following treatments since your last visit? ☐ ***NONE***

Treatment:	**Has this helped**?	**Comments**
☐Anti-inflammatory medicine	☐ Yes ☐ No	Name:_____
☐Narcotic medication	☐ Yes ☐ No	Name:_____
☐Brace/Cast	☐ Yes ☐ No	_____
☐Physical Therapy	☐ Yes ☐ No	_____
☐Injection	☐ Yes ☐ No	_____
☐Massage Therapy	☐ Yes ☐ No	_____
☐Acupuncture Therapy	☐ Yes ☐ No	_____
☐Chiropractic Care	☐ Yes ☐ No	_____

Interval History: Since your last visit, have you:

Felt any **new**: ☐ No ☐Pain ☐ Tingling ☐ Swelling ☐ Weakness (ROS)

Developed **new**: ☐ No ☐ Allergies ☐ Nausea, vomiting, bloody stool ☐ Medical diagnosis (ROS)

If new allergies, please specify: _____

Started **new** medications? ☐ Yes ☐ No Name(s):_____ (PMHx)

Started or stopped nicotine? ☐ Yes ☐ No Please specify:_____ (SHx)

Goals of Today's Visit:

Do you have any questions you would like the doctor to answer for you at this visit? (may list below)

Do you have any specific needs from the *office staff* today? ☐Yes- Please list below

Do you plan to have any medications refilled today? ☐Yes -Please list below

_____

_____

Reviewed by Physician:_____ Date:_____/_____/___17____