Boulder Orthopedics, P.C
Sonja Stilp, M.D.

FOLLOW-UP FORM **Patient Name:**

DEMOGRAPHICS

Primary Care Physician: ***Referring Physician**:*	*List other treating physicians:* _____

REASON FOR TODAY'S VISIT

What specifically do you want to accomplish with today's visit? _____

CURRENT MEDICATIONS (Include doses, and all over the counter medications and herbal supplements)

_____

_____

Have you changed any medications since last visit, if so what are the changes?

_____

NEW MEDICAL PROBLEMS, SURGERIES, OR ALLERGIES

_____

What tests have you had since your last visit? (Circle) X-ray CT-Scan MRI EMG Other None

Date of test(s)_____

What procedures have you had since last visit? (Circle) Injection (epidural, facet, trigger pt) Surgery Other *(list)*

Date of procedure(s)_____

SOCIAL HISTORY

Occupation: _____ Status: (Circle One) Full-time / Part-time / Restricted-Duty / Off-Duty to Injury / Retired / Not working

Last Date of Employment: _____

PAIN HISTORY

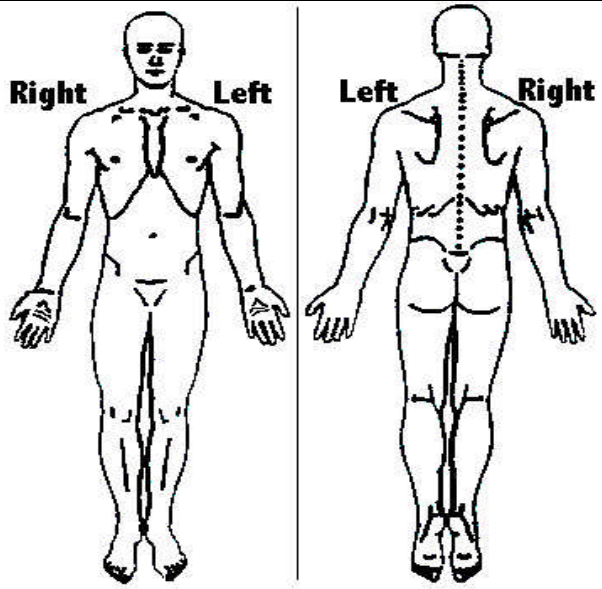
Quality (circle all that apply): dull /sharp /stabbing /burning /achy /throbbing /shooting/ squeezing/pressure/crampy

Using the pain scale below, please rate how bad your pain is today:

0 1 **2** 3 **4** 5 **6** 7 **8** 9 **10**
No Pain **Mild Pain** **Mod Pain** **Severe Pain** **Very Severe** **Worst Possible**

Since your last visit, do you feel…?
(Draw one mark on line below)

100% Worse	0% Same	100% Better



Treatments you have tried since your last visit:
(Circle helpful ones and cross-out unhelpful ones)

Physical therapy	Acupuncture	Chiropractor
Home exercises	Injections	Counseling
TENS Unit	Massage	Braces

Other _____

Do you have?	**Yes**	**No**
Difficult swallowing, headaches		
Chest pain, palpitations		
Shortness of breath, asthma		
Nausea, vomiting, black stools		
Loss of bowel or bladder control		
Urinary or prostrate/gynecologic issues		
Rashes		
Dizziness		
Depression and/or sleep problems		
Easy bleeding, or on blood thinners		
Weakness		
Numbness and/or tingling		

Patient Signature _____Date: _____ Reviewing Nurse Initials: _____

Reviewing Physician Initials: _____