

Jordan D. Farley,DO P# (314)991.4342 F# (844)395.0839

FOLLOW-UP OFFICE NOTE

Plea	ase check (🗸) the a	ppropriate bo	$x(es)(\square)$	and fill in tl	ne blank(s) a	s needed.		0	
			PATIEN	T HEALT	H QUES	TIONNA	IRE		
PA	IN ASSESSMEN	T							
Dat	te ofVisit:			<u>*</u>					
1. V	Why are you here too	day?		3)	W =3222				
2. V	Where is your pain?		<u> </u>	8					
				243 77 - 2000					
85			~_~				1.2000.0		*
3. 1	Describe your pair	1:		3/4					
	Aching	Sharp	Penetrat	ing Gr	nawing [Stabbing	Throb	bing	Tender
		Tiring	Exhaust	ing Sh	ooting	Burning	Numb	,	Unbearable
	Miserable Otl	ner:	1 6						
4.]	Frequency of your	pain? C	ccasional	Frequ	ent Co	ntinuous			
5. V	What time of the d	ay is your pa	in the wo	rst? M	orning	Afternoon	Evening	g Nigh	nttime
6. V	What makes you: p	pain worse?		_					
7. V	What makes your p	oain better?		TI - III'					
Plea	ise answer the fol	lowing quest	tions usin	g the ADL	Pain Chart	below:			2
		ADL's = Ac	tivities o	of Daily Li	ving (i.e. v	valking, h	ouse chor	es)	
		mewhat Partially							
		•				•	Greatly	•	Completely
int	erfere i	nterferes	int	terferes	inter	feres	interfer	es	interferes
int	erfere i	•	int		inter with	•	interfer with AD	es	
int with	erfere i ADL's w 0 1	nterferes ith ADL's 2	int wit 3	terferes th ADL's 4	inter with a 5	feres ADL's 5 7	interfer with ADI 8	es L's 9	interferes with ADL's 10
int with	erfere i ADL's w 0 1	nterferes ith ADL's	int wit 3	terferes h ADL's	inter with a 5	feres ADL's	interfer with AD	es L's 9 	interferes with ADL's
inte with No	erfere i ADL's w 0 1	nterferes ith ADL's 2 Wild Pain	int wit	terferes th ADL's 4 oderate Pain	inter with A 5 Sever	feres ADL's 5 7 	interfer with AD 8 Very Sev Pain	es L's 9 	interferes with ADL's 10 Worst Possible
into with	erfere in ADL's w 0 1	nterferes ith ADL's 2 Wild Pain	int wit 3 	terferes th ADL's 4 oderate Pain escribes you	inter with A 5 Sever	feres ADL's 6 7 e Pain e last week	interfer with AD 8 Very Sev Pain	es L's 9 vere	interferes with ADL's 10 Worst Possible
into with	erfere in ADL's w O 1 Pain I Rate your pain by t	nterferes ith ADL's 2 Wild Pain he number the Worst P	int wit 3 Monat best de ain:	terferes th ADL's 4 coderate Pain escribes you Aven	sinter with A 5 Sever ar pain in the rage Pain:	feres ADL's 6 7 e Pain e last week	interfer with AD 8 Very Sev Pain	es L's 9 vere	interferes with ADL's 10 Worst Possible
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FOLLOW-UP OFFICE NOTE PATIENT HEALTH QUESTIONNAIRE

Flease list any other medications that you take.									
✓ if new	if		How Dose Often n		Name of Medicine		Dose	How Ofte	
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	:	91	1				1		
		1		:	60 60		1		
		l l	1				- 1		
+	1	ľ	1 6	!			+		
†							1		
111	Do you have any new allergies/	sensitivities	 s?	<u> </u>		(4	+		
) .	nat kind of reaction did you have				SENY "	55		1	
***	•		י פחר	IXI DIG	STORY REVIEW				
			7 . F						
12. 1	o you have any new medical pro	oblems?	No	Yes, ex	plain:				
13	Since your last visit have you ha	d any			Yes	No			
15.	Since your last visit, have you ha Yes No	id ally.		Sexual F	unction Concerns				
	etite Changes ————				n Physical Activity				
Weig	tht Changes			Sleep Ch		\Box			
Ston	nach Upset ———			Mood Cl		\square	(2.)	j	
	tipation			Financia	Concerns -	\sqcup			
Urina	ary Changes			Family C	Concerns or Problems				
						Yes 1	No 1	<u>1/</u> A	
14. /	Are you taking pain medication for	or pain reli	ef only?	·			[_		
	Are you concerned about addiction				** * * * * * * * * * * * * * * * * * *	H		_	
	Do you feel you are addicted to p					$H \vdash$	_		
	Are you going to Physical Therap					H +			
	Are you participating in a home e					HH			
	Are you going to Behavioral Med					HF		(
	Are you participating in the Cogn Did you have a procedure at your					\vdash	→	1	
	What benefit did you receive?	iast visit?			AC 16 16 180180 80 80 80 90 18000 81	H			
	Did you follow up with any physi	cian you w	vere refe	erred to?		H	-	7	
	Who? ————————————————————————————————————			210d to: .	5# 5# (\$\$10*401 #2 #5 #5 #5 5# 5# 5# 5# 5# #6 #6 #6	ШL		_	
	Did you have any new tests perfo	rmed?					ΠГ		
	What?		ere?	53		шь		891	
	By checking this box I confirm my	signature by	typing i	it below.					
	25								
/								_	
	DATE TIME			PATIENT SI	GNATURE				