

Orthopedic Associates of Dutchess County, P.C.

Follow Up Form

Patient's Name: _____ D.O.B.: _____ Age: _____ Acct#: _____

D O C T O R	Report Date: _____ CC: _____
	Routine F/U Procedural F/U Medication F/U
	HPI _____

P A T I E N T	Pain Level _____/10 today _____/10 average
	Average pain since last visit (circle one) Same Improved Worsened
	Procedure follow up _____ Date _____ % relief _____ How long _____
	Injection site redness or swelling (circle one) Yes No
	Medications:

D O C T O R	Any changes in Meds _____													
	Physical/Occupational Therapy (circle one) Yes No How many times/week _____													
	Opioid Contact Violations: Yes No													
	Level of functioning (circle one) Same Improved Worsened													
	Family History reviewed and unchanged, see note dated _____ for details													
	Social History reviewed and unchanged, see note dated _____ for details													
	Any changes in Medical History No _____ see note dated _____ for details													
	Yes _____													
	Review of systems (circle)													
	Neuro: Sedation Cognitive difficulties Sleeping well													
Gastrointestinal: Constipation Diarrhea Nausea/Vomiting Heartburn														
Skin: Rashes Pruritis														
P/E:														
BP _____ HR _____ RR _____														
<input checked="" type="checkbox"/> = Normal														
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;">Head</td><td style="width: 50%;">Chest/Breast</td></tr> <tr><td>ENT</td><td>GI</td></tr> <tr><td>Eyes</td><td>GU</td></tr> <tr><td>Neck</td><td>Musculoskeletal</td></tr> <tr><td>Respiratory</td><td>Skin</td></tr> <tr><td>Cardiovascular</td><td>Extremities</td></tr> <tr><td>Abdomen</td><td>Psychiatric</td></tr> </table>	Head	Chest/Breast	ENT	GI	Eyes	GU	Neck	Musculoskeletal	Respiratory	Skin	Cardiovascular	Extremities	Abdomen	Psychiatric
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Abdomen	Psychiatric													
Assessment _____														

Plan _____														

Counseling: Total visit time _____ Total counseling time _____
 Dictation _____ Signature _____ Date: _____