

Scotland Orthopedics

FOLLOW-UP QUESTIONNAIRE

These questions are intended to help us provide better care to you. Thank You!

Patient Name (print): _____ Today's Date:

I am here for a follow-up appointment for my (ex. Right knee):

OR

I have a new problem (indicate new body part):

- _____
1. When were you seen last? _____ Days or _____ Weeks or _____ Months
 2. Since your last visit, are you the _____ Same _____ Worse _____ Better (from 0-100%, how much better?)

 3. If you are still having pain, how severe is it? _____ Mild _____ Moderate _____ Severe _____ Extremely Severe
 4. Is the pain now _____ Constant _____ Intermittent (comes and goes)
 5. Please indicate which treatments you have had since your last visit . . .

Prescription Anti-Inflammatory medicine _____ Helped _____ Did not Help Which
medicine _____

Over-the-Counter Anti-inflammatory _____ Helped _____ Did not Help Which
medicine _____

Brace, Splint, Shoe Insert, or Cast _____ Helped _____ Did not Help Which one

I did the exercises at home as given to me _____ Helped _____ Did not Help How many
times _____

I went to physical therapy _____ Helped _____ Did not Help How many
times _____

I received an injection _____ Helped _____ Did not Help Where was it
given _____

SINCE YOUR LAST VISIT HERE

6. Have any of your OTHER JOINTS become swollen or painful? _____ Yes _____ No
7. Have you had any NEW SYMPTOMS (check all that apply)? _____ Numbness _____ Tingling
_____ Weakness

8. Have you developed any NEW (check all that apply)? ___Nausea/Vomiting ___Stomach Ache ___Blood
in Stool

9. Have you developed any NEW allergies? ___Yes ___No

List _____

10. Are you taking any NEW medicines? ___Yes ___No

List _____

11. Have you started or stopped smoking cigarettes or drinking alcohol? ___Yes ___No

12. Have you changed your job? ___Yes ___No New

job _____

13. Any other questions for the
doctor? _____

Patient Signature: _____

Date: _____

Physician Signature: _____

Date: _____