

BRADENTON EAST INTEGRATIVE MEDICINE – DIVISION OF NEUROMUSCULOSKELETAL
MEDICINE AND NON-SURGICAL ORTHOPEDICS

MUSCULOSKELETAL FOLLOW-UP VISIT FORM

PATIENT NAME _____ AGE _____ DOB _____

IF THIS VISIT IS FOR A CONDITION NOT PREVIOUSLY EVALUATED BY DR. LEIBER THEN PLEASE LET THE NURSE OR FRONT DESK KNOW. WE WILL ASK YOU TO FILL OUT A DIFFERENT FORM.

- 1) **PRIMARY CARE PHYSICIAN:**
 - a) **NAME:** _____ **LAST VISIT:** _____
 - b) **LAST FULL PHYSICAL:** _____

- 2) **ARE YOU SEEING ANY OTHER PHYSICIANS FOR THIS CONDITION:** Yes No
SPECIALTY _____ **NAME:** _____ **LAST VISIT** _____

- 3) **REASON FOR THIS VISIT: FOLLOW-UP FOR PREVIOUS TREATMENT OF PAIN OR DIFFICULTY WITH (PLEASE CHECK ONE):**
 Neck/Upper back Mid-back /Lower Back Shoulder Elbow
 Wrist Hand Hip Knee Ankle Foot
Please describe:

- 4) **IS THIS CONDITION THE RESULT OF AN INJURY OR ACCIDENT? IS THIS A WORKER'S COMPENSATION OR AUTOMOBILE INSURANCE RELATED CASE?** Yes No

- 5) **WHICH OF THE FOLLOWING TREATMENTS HAVE YOU RECEIVED FROM DR. LEIBER FOR THIS CONDITION (check all that apply):**
 Osteopathic Manipulation (OMT) Trigger Point Injection(s)
 Joint Injection (steroid/cortisone injections) Nerve Block
 Platelet Rich Plasma (PRP) injection (s) Prolotherapy or Neural Prolo
 Epidural (Lumbar or Cervical) Acupuncture
 Viscosupplementation (e.g. Orthovisc) Other injection(s) (e.g. homeopathic)
 Exercise Therapy Medication _____
 Supplements/Vitamins/Herbs _____
 Nutritional Advice OTHER _____

- 6) **HAVE YOU BEEN RECEIVING ANY OTHER THERAPY FOR THIS CONDITION?**
 Physical Therapy Massage Therapy Acupuncture/Traditional Chinese Medicine Pain Management (Medication) Pain Management (Injections or other interventions) Bracing
 Nutritional Counseling Chiropractic TENS Unit Surgery Other _____

- 7) **SINCE YOUR LAST VISIT, IS THIS CONDITION:**
 Worse Same Mildly Better Moderately Better Greatly Better Completely Better
IF WORSE, PLEASE DESCRIBE? _____

- 8) **HOW SEVERE IS THE PAIN/COMPLAINT/DISCOMFORT CURRENTLY ON A SCALE OF 0 (no pain) TO 10 (most severe pain)?** _____
- 9) **HOW SEVERE IS THE PAIN/COMPLAINT/DISCOMFORT ON AVERAGE ON A SCALE OF 0 (no pain) TO 10 (most severe pain)?** _____
- 10) **HOW MUCH OF THE DAY IS YOUR DISCOMFORT OR PAIN PRESENT?**
 Less than 1 hour 4 hours 6 hours 12 hours 18 hours 24 hours
- 11) **DO YOU NEED A REFILL TODAY?** Yes No
DO YOU HAVE LABORATORY TESTS OR OTHER TESTS TO REVIEW TODAY? Yes No

REVIEW OF SYSTEMS/SYMPTOMS

(Check any symptoms or findings that you have experienced recently)

- CONSTITUTIONAL** weight change fatigue fever night sweats general weakness
- EYES** vision problems double vision yellowing of the eyes
- ENT** hearing problems dizziness sinus trouble sore throat ringing ears periodontal disease
- CARDIOVASC** shortness of breath chest pain leg swelling increased blood pressure
- RESPIRATORY/SLEEP** cough coughing up blood wheezing asthma other difficulty breathing
 snoring gasping for air during sleep fall asleep during the day difficulty falling or staying asleep
- GASTROINTESTINAL** trouble swallowing heartburn nausea vomiting diarrhea blood or black tarry stools abdominal pain gas bloating
- GENITOURINARY** pain with urination, blood in urine urgency incontinence increased urination
 impotence/erectile dysfunction (for males) prostate problems (males)
- MUSCULOSKELETAL** joint pain joint stiffness muscle cramps muscle twitching muscle weakness loss of motion tendonitis swelling of finger or other joints redness of joints
- SKIN/HAIR/NAILS** rash lumps/masses itchy dryness hair changes nail changes
 yellowing of the skin
- NEUROLOGICAL** fainting blackouts seizures paralysis weakness numbness memory loss numbness in a saddle distribution (inner legs and groin)
- PSYCHOLOGICAL** nervousness tension mood changes depression anxiety
- ENDOCRINE** decreased libido heat or cold intolerance excessive thirst increased hunger
 increased craving for sweets or carbs low blood pressure hot flashes
- HEMATOLOGY/ONCOLOGY** easy bruising bleeding (difficulty clotting) venous thrombosis (clots)
 current or history of cancer