Rainier Orthopedic Institute
Wendy L. Heusch, D.O.

FOLLOW-UP QUESTIONNAIRE

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

Date of Birth: _____Age:_____

I am here for a follow-up appointment for my: (eg: right knee)_____

1. Since your last visit, are you ____ Same ____ Worse ____ Better
(If better, rate how much better from 0-100%): _____

2. If you are still having pain, how severe is it? ___Mild ___Moderate ___Severe

3. Is the pain ___ Constant ___ Intermittent (comes and goes)

4. Please indicate which treatments you have had since your last visit:

Prescription Anti-inflammatory medicine	___Helped	___Did not help
Over the counter Anti-inflammatory medicine	___Helped	___Did not help
Brace, splint, shoe insert, cast	___Helped	___Did not help
I did the exercises at home as given to me	___Helped	___Did not help
I went to Physical Therapy	___Helped	___Did not help
I received an injection	___Helped	___Did not help

SINCE YOUR LAST VISIT HERE:

5. Have you had any NEW SYMPTOMS? (check all that apply)
__Numbness __Tingling __Weakness

6. Have you developed any NEW __Nausea/Vomiting __Calf pain __Blood in stool

7. Have you developed any NEW allergies? __Yes __No List_____

8. Are you taking any NEW medicines? __Yes __No List_____

9. Have you started smoking cigarettes? __Yes __No/ Stopped smoking? __Yes __No

10. Have you changed your job? __Yes __No New Job_____

11. Any other questions for the doctor? _____

Patient Signature_____