

PATIENT FOLLOWUP AND TREATMENT PLAN

Patient: _____ D.O.B.: _____ D. O.S: _____

CHIEF COMPLAINT: _____

LOCATION: ()Right () Left

APPOINTMENT FOR: () Follow up with doctor

- () Review of Notes, Tests, History or X-rays () Scan for Orthotics
- () Dispense Orthotics
- () In Office Surgical Procedure
- () Surgical Consult

PAIN ()YES, ()NO

PAIN LEVEL: (1/10), (2/10), (3/10), (4/10),
(5/10), (6/10), (7/10), (8/10), (9/10), (10/10)

PAIN QUALITY: (SHARP), (THROBBING),
(BURNING), (DEEP ACHE) (COMBINATION)

COURSE: () NO IMPROVEMENT, () WORSENING,
() IMPROVING () EXACERBATING AND REMITTING,
() LOCALIZED, () RADIATING

CURRENT TREATMENTS:

- () L&M TAPING () METP ADS
- () TEMPORARY INSERTS, () CUSTOM ORTHOTICS
- () CORTISONE INJECTION (R), (L) # INJECTIONS
- () ANTIBIOTICS, () PAIN MEDICATION
- () PHYSICAL THERAPY, CHIROPRACTOR, () MASSAGE THERAPY ()
- BK CAST BOOT, () ANKLE () OTHER

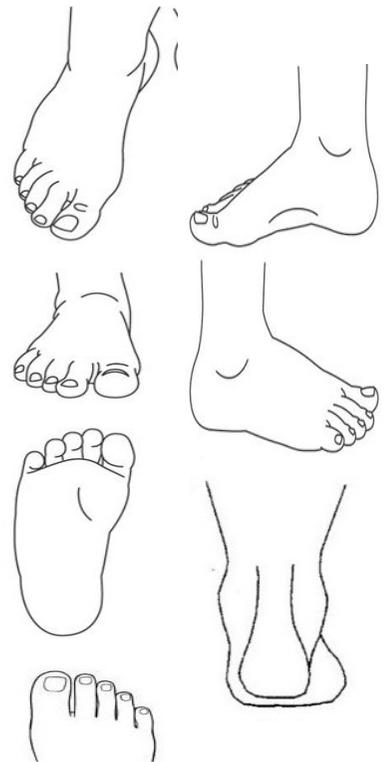
- _____
() REVIEWED NCV/DOPPLER/MRI/CT SCAN
() REVIEWED MYCLOGY/BLOODWORK
() REVIEWED PATIENT HISTORY-PREVIOUS DOCTORS NOTES

TREATMENT PLAN:

- () PRECERT ORTHOTICS
- () REFER PATIENT OUT FOR MRI/ CT SCAN
- ()REFER PATIENTOUTFOR TESTING: ()DOPPLER,()NCV
- () OBTAIN NOTES FROM PREVIOUS DOCTOR
- () GP, () NEUROLOGIST, () PERIPHEAL VASCULAR
- ()RHEUMATOLOGIST() SURGERY

Shade the feet, toes and ankle pictures
to show where you feel pain

RIGHT



LEFT

