

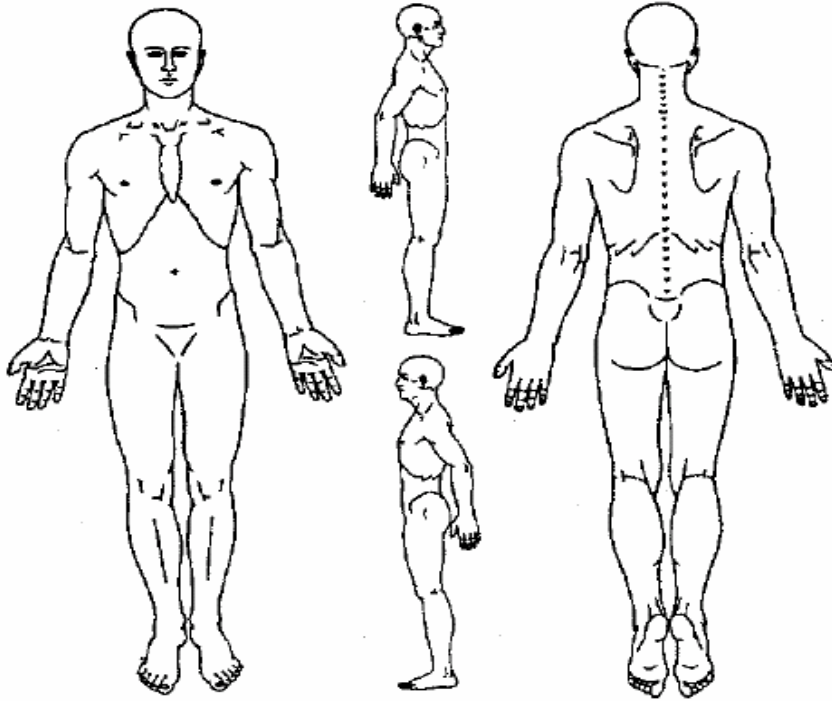
# PATIENT EVALUATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_

BP: R \_\_\_\_\_ /L \_\_\_\_\_ P: \_\_\_\_\_ R: \_\_\_\_\_ SaO2: \_\_\_\_\_ Temp: \_\_\_\_\_ Wt: \_\_\_\_\_

Please use these symbols to describe your pain on the body:

● = Dull/Ache      O = Sharp      X = Burning      + = Running



Please rate your pain from 1 -10, 10 being the worst, to indicate the intensity of your pain:

Without medications:      1   2   3   4   5   6   7   8   9   10

With medications:      1   2   3   4   5   6   7   8   9   10

Have you been seen by any other clinical specialist/physician since your last visit?

\_\_\_\_\_

Have you received any new medications from any other source (hospital or doctor)?

\_\_\_\_\_

Did you bring your medications with you? (Circle One)      YES      NO

Please let us know how you are/or have been feeling to help us better treat you today:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**REVIEW OF SYSTEMS**

- \_\_\_ Unwanted, unexplained weight change
- \_\_\_ Fever
- \_\_\_ Sleeping problems

\_\_\_ Blurred vision

- \_\_\_ Ringing ears
- \_\_\_ Vertigo

- \_\_\_ Chest Pain
- \_\_\_ Shortness of breath
- \_\_\_ Swelling (including ankles)
- \_\_\_ Irregular Heart Rate
- \_\_\_ Wheezing

**Females:**

*Menopause: YES or NO*

*If Yes, What AGE \_\_\_\_\_*

*If NO when was your Last Menstrual Period \_\_\_\_\_*

- \_\_\_ Abdominal Pain
- \_\_\_ Nausea
- \_\_\_ Vomiting
- \_\_\_ Constipation
- \_\_\_ Diarrhea
- \_\_\_ Blood in stool

- \_\_\_ Numbness:     Where? \_\_\_\_\_
- \_\_\_ Tingling:     Where? \_\_\_\_\_
- \_\_\_ Weakness:    Where? \_\_\_\_\_

- \_\_\_ Bowel Changes
- \_\_\_ Bladder Changes

\_\_\_ Rash

- \_\_\_ Depression
- \_\_\_ Anxiety
- \_\_\_ Suicidal ideations

Have you had any serious injuries (PAST OR CURRENT)? YES or NO

If Yes please list what was injured and when:

\_\_\_\_\_

Have you had any new tests, procedures, surgeries since you last visit with us? YES or NO

If YES please list below and when:

\_\_\_\_\_

Have you been diagnosed with any new condition since you were here?

\_\_\_\_\_

\_\_\_\_\_