

FOLLOW-UP VISIT REPORT

Name _____ Date _____

PLEASE REVIEW CAREFULLY AND INDICATE ANY CHANGES IN YOUR LIVING AND HEALTH STATUS BELOW:

Have you changed health insurance companies?

Primary Insurance _____
Group No. _____ Subscriber No. _____

Secondary Insurance _____
Group No. _____ Subscriber No. _____

Who is responsible for bills from this office? _____
If someone other than you, please provide contact information

Has your address/phone number changed?
Your current address/phone number in Coachella Valley:

Your second address and phone number:

PLEASE INDICATE ANY CHANGES IN YOUR HEALTH SINCE YOUR LAST VISIT:

New Medications:
MEDICATION DOSE (mg) #TIMES/DAY DRUG TAKEN

Have you been hospitalized since our last visit? _____

Have you been diagnosed with any new medical problems since our last visit?

PLEASE REVIEW YOUR PAIN MANAGEMENT TREATMENT

Please list the new treatment(s) we have tried and your response to them?

Please list the new medications we started and your response to them?

Are there new pain complaints you want to discuss with the doctor?

If so think about when your pain occurs: _____

What activities aggravate your pain: _____

What you do to ease your pain: _____

Please color in the pain diagram below describing your current aches and pains.
Dr. Anderson uses this pain diagram to help determine your diagnosis and to follow your treatment progress.

Please complete this with care and attention of detail.

Red = Pain/Discomfort

Blue = Numbness and tingling

