TEXAS SPECIALIST CENTER
PROFESSIONAL ASSOCIATES

[redacted] FOLLOW UP HISTORY FORM [redacted]

Patient Name: _____ **Date of Birth:** _____

Treatment at last visit: _____

_____

Pain has: O Increased O Decreased O Moved O Not Changed

Pain location: O Left O RightO Bilateral O Hip O Knee O Shoulder O Ankle O Wrist O Other: _____

Pain Character: Mark your pain level? No Pain--- O 0 O 1 O 2 O 3 O 4 O 5 O 6 O 7 O 8 O 9 O 10 --- Unbearable

Pain is: O Sharp O Dull O Aching O Burning Other: _____

Time pain is worse: O Night O Day O Morning O Evening O Constant Other: _____

Pain worsens with: O Walking O Standing O Sitting O Laying O Bending O Twisting
Other: _____

Pain improves with: O Walking O Standing O Sitting O Laying O Frequent position change O Medication
Other: _____

[redacted] PAST MEDICAL HISTORY [redacted]

Since last visit with Dr. Guse have you had: please list dates and details

Accidents/Injuries: _____ O None
Hospitalizations: _____ O None
Surgeries: _____ O None
Medication changes: _____ O None
New medical problems: _____ O None
New Allergies: _____ O None

[redacted] REVIEW OF SYSTEMS [redacted]

Have you had any of the following symptoms in the last month? (Choose all that apply)

HAVE YOU HAD PROBLEMS IN THE PAST 6 MONTHS?					NONE	COMMENTS
1) GI	O Heartburn, Ulcers	O Nausea, Vomiting	O Blood in Stool		O	_____
2) ENDO	O Thyroid Disease	O Heat or Cold Intolerance			O	_____
3) CON	O Weight Loss	O Loss of Appetite	O Fatigue		O	_____
4) EYE	O Blurred Vision	O Double Vision	O Vision Loss		O	_____
5) ENT	O Hearing Loss	O Hoarseness	O Trouble Swallowing		O	_____
6) CV	O Chest Pain	O Palpitations			O	_____
7) RS	O Chronic Cough	O Pneumonia	O Shortness of Breath		O	_____
8) GU	O Painful Urination	O Blood in Urine	O Kidney Problems		O	_____
9) SK	O Frequent Rashes	O Skin Ulcers	O Lumps	O Psoriasis	O	_____
10) NEU	O Headaches	O Dizziness	O Seizures	O Numbness	O	_____
11) PSY	O Depression / Anxiety	O Drug / Alcohol Addiction	O Sleep Disorder		O	_____
12) HEM	O Easy Bleeding	O Easy Bruising	O Anemia		O	_____

_____ _____
Signature **Date**