Southwest Sports Medicine
Follow Up/ Cortisone Injections

Patient Name: _____ DOB:_____Age:_____ ☐ Male ☐ Female

Weight _____ Height_____ Body Part: **Shoulder** ☐ R ☐ L **Knee** ☐ R ☐ L **Other**_____ ☐ R ☐ L

Have you been prescribed a new medication by another physician? ☐ Y ☐ N _____

Have you developed any new allergies? ☐ Y ☐ N If *yes please list allergy and reaction*: _____

Since the last visit have you had any changes in the following: (*check all that apply*)

☐ Eyes	☐ Heart	☐ Bowels	☐ Diabetes
☐ Ears	☐ Lungs	☐ Urine	☐ None
☐ Nerves	☐ Joints	☐ Skin	

Please describe any new problem marked above: _____

Since your last visit are you? ☐ Better ☐ Worse ☐ No change since last visit

On a scale of 0-100% how much better are you now? _____%

On a scale of 0-10 what is your pain level? (*please circle*) 0 1 2 3 4 5 6 7 8 9 10

PLEASE CHECK ALL THAT APPLY:

Is the pain: ☐ Sharp ☐ Dull ☐ Stabbing ☐ Throbbing ☐ Aching ☐ Burning

Does the pain occur: ☐ Constantly ☐ Intermittently (comes and goes) ☐ At night

Do you have: ☐ Swelling ☐ Bruising ☐ Numbness ☐ Tingling ☐ Weakness ☐ Locking

☐ Giving way ☐ Catching

What medications are you currently taking for this condition? ☐ None

☐ Anti-inflammatory_____(*name*) ☐ Narcotic_____(*name*)

Are you attending Physical Therapy? ☐ Y ☐ N If *yes how often*? _____

Are you participating in a home exercise program? ☐ Y ☐ N *If yes how often?* _____

Have you received a <u>RECENT</u> cortisone injection for this condition? ☐ Y ☐ N **Did it help?** ☐ Y ☐ N

Have you been hospitalized since previous visit? ☐ Y ☐ N *If yes please explain:* _____

What is your current job status? ☐ Regular duty ☐ Light duty ☐ No work due to current condition ☐ Not working

PLEASE SIGN: The information provided is accurate to the best of my knowledge.

_____

Patient or Parent/Legal Guardian of Minor Date