Coastal Pain and Spinal Diagnostics

Nathan Miller, M.D. - Michael Sebahar, M.D. - Yogesh Patel, M.D. - Joshua Pal, M.D.

Coastal Pain and Spinal Diagnostics Medical Group

6221 Metropolitan St., Suite 201 Carlsbad, CA 92009
(760) 753-7127 www.CoastalPainGroup.com

Follow-Up Questionnaire

PATIENT INFORMATION

Name: _____ **DOB:** ____/____/____ **Age:** _____

Today's Date: ____/____/____ **Height:** _____ **Weight:** _____

Email Address: _____

TODAY'S VISIT

What is the reason for today's visit? (Please circle all that apply):

New Problem | Medication Refill | Review Imaging/Labs | Post-Procedure Assessment | Other: _____

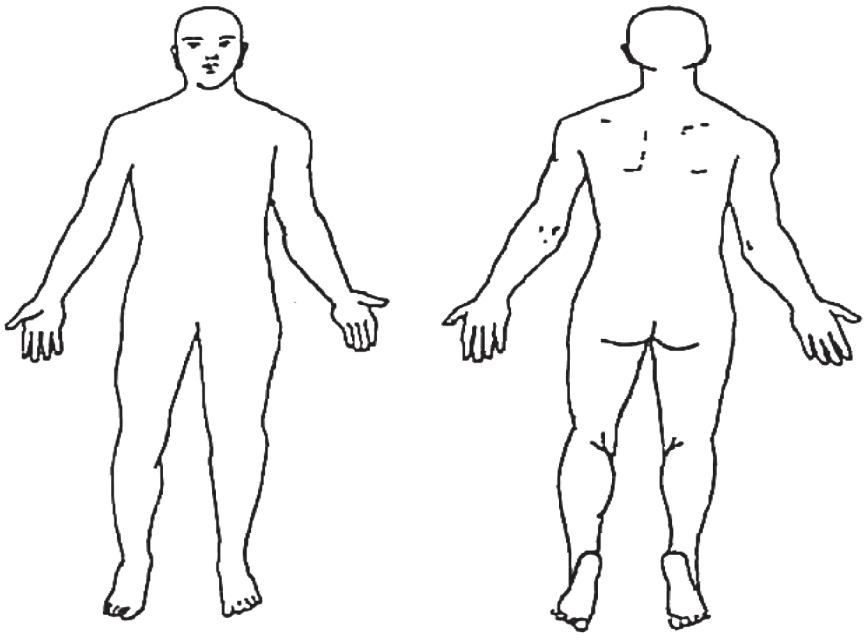
SINCE YOUR LAST VISIT

Is your pain better, worse or the same? (Circle One): Better | Worse | The Same

Do you have any NEW concerns?	☐ NO	☐ YES	Please List: _____
Any NEW medical problems or surgeries?	☐ NO	☐ YES	Please List: _____
Any NEW medication side effects?	☐ NO	☐ YES	Please List: _____
Are you on any NEW medications?	☐ NO	☐ YES	Please List: _____
Any NEW imaging studies or lab work?	☐ NO	☐ YES	Please List: _____
Do you have ANY allergies?	☐ NO	☐ YES	Please List: _____
Are you on ANY blood thinners?	☐ NO	☐ YES	Please List: _____

CURRENT PAIN DETAILS

Please use the following symbols to fill in the diagram below:



N = Numbness
\+ = Sharp
∗ = Burning
Δ = Aching
// = Pins & Needles
✓ = Shooting
○ = Other: _____

Answer the following by circling a number from 0 (no pain) to 10 (worse pain imaginable):

What is your *Current* pain score (0-10):
0 1 2 3 4 5 6 7 8 9 10

What is your *Average* pain score (0-10):
0 1 2 3 4 5 6 7 8 9 10

Patient Name: _____

CURRENT PAIN DETAILS

Have you developed any of the following?:

- ☐ Difficulty Walking
- ☐ Chills
- ☐ Suicidal Thoughts
- ☐ Homicidal Thoughts
- ☐ Bladder Incontinence
- ☐ Vomiting
- ☐ Balance Problems
- ☐ Nausea
- ☐ Bowel Incontinence
- ☐ Poor Sleep
- ☐ Fevers
- ☐ Numbness If so, where?:_____
- ☐ Weakness If so, where?:_____
- ☐ I have NOT recently developed any of the above problems

REVIEW OF SYSTEMS:

Do you have any of the following diseases or conditions?: (Please circle all that apply)

GENITOURINARY

Flank Pain | Urinary Urgency | Painful Urination
Kidney Stones | Blood in Urine | Kidney Disease
Urinary Frequency

RESPIRATORY

Shortness of Breath | Cough
Wheezing | Pulmonary Embolism

GASTROINTESTINAL

Abdominal pain | Vomiting | Diarrhea
Constipation | Hernia | Blood in Stool
Ulcer Disease | Nausea | Acid Reflux/Heart
Irritable Bowel Syndrome

NEUROLOGICAL

Numbness | Tremors Weakness
Headaches | Dizziness | Seizures
Stroke | Dementia | Hydrocephalus
Carpal Tunnel Syndrome | Migraines
Loss of Balance/Coordination

CARDIOVASCULAR

Bleeding | Chest Pain | Fainting
Dizziness | Swelling in Feet | Blood Clots
Murmur | Pacemaker | Angina
Shortness of Breath | High Blood Pressure
Irregular Heartbeat | Heart Failure

PSYCHIATRIC

Anxiety | Depression | Stress
Poor Sleep | Difficulty w/ Thinking

SKIN

Dryness | Itching | Rash
Ulcers | Shingles | Hay Fever
Seasonal Allergies

ENDOCRINE

Cold Intolerance | Heat Intolerance
Hot Flashes

MUSCULOSKELETAL

Back Pain | Neck Pain | Joint Pain
Joint Swelling | Muscle Spasms | Edema
Joint Stiffness | Skin Color Changes
Skin Temperature | Increase Sensitivity to Touch

CONSTITUTIONAL

Fevers | Chills | Night Sweats
Tremors | Fatigue | Insomnia
Loss of Appetite | Excessive Sweating
Unexplained Weight Loss or Gain

Head/Eyes/Ears/Nose/Throat

Blurred Vision | Ringing in Ears | Vertigo
Hearing Loss | Dry Mouth | Sinusitis
Abnormal Smells | Dental Issues | Earaches
Nosebleeds | Sinus Problems | Glasses
Sore Throat | Cataracts | Glaucoma
Difficulty Swallowing | Excessive Tearing

REPRODUCTIVE

Inability to Have Sex Due to Pain
Decreased Sex Drive