Orthopaedic & Spine Surgery Institute
19450 Deerfield Ave, Suite 275
Lansdowne, VA 20176
www.OSSI-Virginia.com

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PATIENT FOLLOW-UP FORM

Last Name: ____________________ **First Name:** ____________________ **Date:** ____________

Date of Birth: ____________ **Age:** ______ **Height:** ______ **Weight:** ______ **Sex:** ☐ Male ☐ Female

Preferred Name: ____________ **Preferred Pharmacy (Name & Location):** ____________________

Are you currently residing in a nursing facility? ☐ No ☐ Yes **Name/ Address of facility?** ____________________

Has your insurance changed since your last visit? ☐ No ☐ Yes, please provide the updated card(s) to the front desk staff.

Any changes to your medical/ surgical history since your last visit? ☐ No ☐ Yes, specify: ____________________

____

Any new medications or allergies since your last visit? ☐ No ☐ Yes, specify: ____________________

____

Are you here to review imaging (MRI, X-Ray, CT, DEXA)? ☐ No, complete this form in its entirety.
☐ Yes, review this form for updates then sign and date the back.

HISTORY OF PRESENT INJURY/ COMPLAINT

Description of injury/ complaint: ____________________

____

How is your pain since your last visit? ☐ Improving ☐ Unchanged ☐ Worsening

How often do you experience this pain/ complaint? ☐ Constantly ☐ Intermittently ☐ Episodic (occurs irregularly)

How long have you been experiencing this pain/ complaint? _____ Years _______ Months _______ Weeks ______ Days

Please describe your pain: ☐ Dull ☐ Ache ☐ Sharp ☐ Shooting ☐ Burning ☐ Stabbing ☐ Tingling ☐ Throbbing

When do you experience this pain/ compliant? ☐ Morning ☐ Evening ☐ Night
☐ Exercising ☐ Sitting ☐ Standing ☐ Walking ☐ Lying Down

On a scale of 0 to 10 (where 0 = no pain and 10 = severe pain) please score your pain when you are: WITHOUT activity? ____________
WITH activity? ____________

Indicate how your pain/ complaint responds to the following.

Standing	☐ Relieves	☐ Worsens	☐ No Difference
Sitting	☐ Relieves	☐ Worsens	☐ No Difference
Lying down	☐ Relieves	☐ Worsens	☐ No Difference
Stretching/Exercise	☐ Relieves	☐ Worsens	☐ No Difference

Other (please specify): ____________________

What treatment(s) have you tried thus far and how much relief have you received from them?

Medication	☐ Excellent Relief	☐ Moderate Relief	☐ No Relief	☐ Have Not Tried
Heat/ Ice	☐ Excellent Relief	☐ Moderate Relief	☐ No Relief	☐ Have Not Tried
Physical Therapy	☐ Excellent Relief	☐ Moderate Relief	☐ No Relief	☐ Have Not Tried
Injections	☐ Excellent Relief	☐ Moderate Relief	☐ No Relief	☐ Have Not Tried
Chiropractor	☐ Excellent Relief	☐ Moderate Relief	☐ No Relief	☐ Have Not Tried

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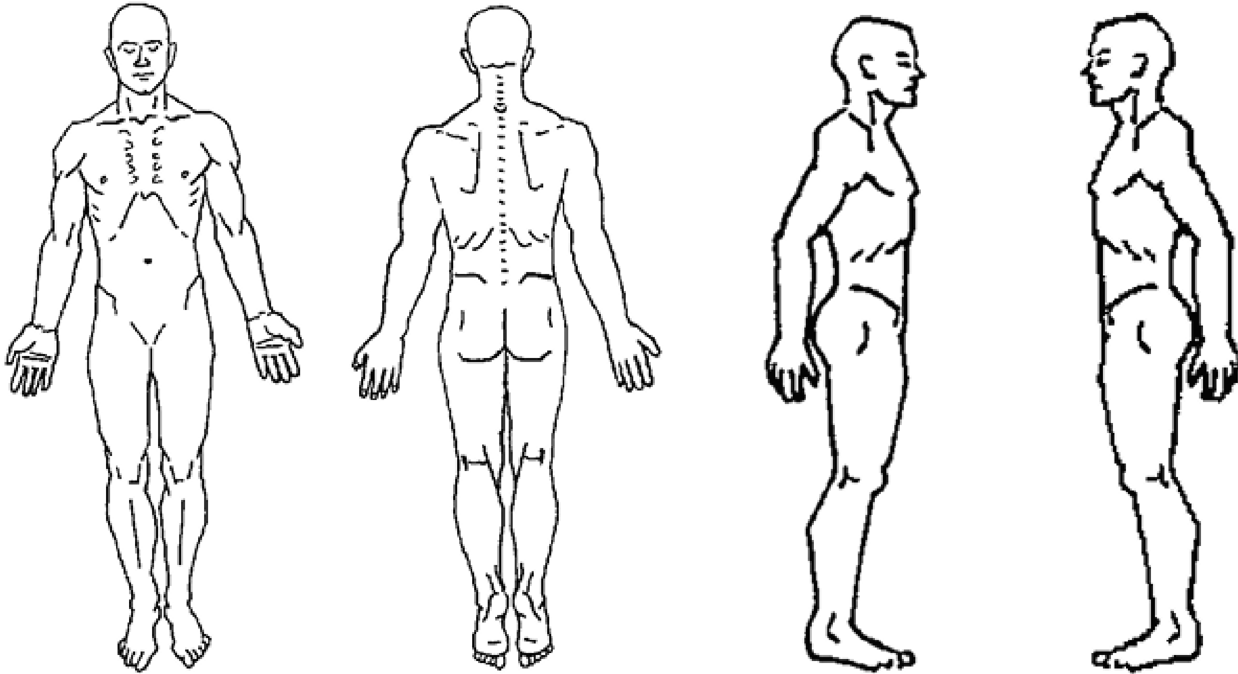
LOCATION OF PAIN/ COMPLAINT

Please mark the figures below to reflect where you are experiencing your pain/ complaint.



Review of Symptoms

Check ALL that apply and are *recent* symptoms:

General:	☐ Change in weight ☐ Appetite ☐ Sleep ☐ Taste/Smell ☐ Fatigue ☐ Fever
Skin:	☐ Rash ☐ Itching
Head & Neck:	☐ Dizziness ☐ Balance Problems ☐ Vision/Eye Problems ☐ Hoarseness ☐ Trouble Swallowing
Pulmonary:	☐ Chronic Cough ☐ Emphysema ☐ Tuberculosis ☐ Bronchitis
Cardiovascular:	☐ High Blood Pressure ☐ Chest Pain ☐ Heart Attack ☐ Shortness of Breath ☐ Blood Clots (DVT)
Gastrointestinal:	☐ Stomach Ulcer(s) ☐ Stomach Bleed(s) ☐ Heartburn ☐ Diarrhea ☐ Constipation
Urinary:	☐ Kidney Stone(s) ☐ Kidney Infection(s) ☐ Painful Urination ☐ Incontinence ☐ Bleeding
Reproductive:	☐ Sexually Transmitted Disease(s) ☐ Bleeding ☐ Impotence
Hematologic/ Lymphatic:	☐ HIV or AIDS ☐ Lymphoma ☐ Bleeding Problem(s) ☐ Skin Cell Disease
Musculoskeletal:	☐ Osteoarthritis ☐ Rheumatoid Arthritis ☐ Back Pain ☐ Neck Pain ☐ Joint Pain ☐ Muscle Disorder
Neurological:	☐ Fainting ☐ Headache ☐ Seizure ☐ Memory ☐ Dizziness ☐ Numbness

To the best of my knowledge and ability the information provided is true and complete.

Patient or Guarantor Signature: ______________________________ **Date:** ____________

Patient or Guarantor Printed Name: ______________________________ **Relationship to Patient:** ____________

CC (Staff Use Only): ______________________________

Rev. 12/19/2023