River North Pain Management Consultants, S.C.,
Axel Vargas, M.D.,
Regional Anesthesiology and Interventional Pain Management.
680 North Lake Shore Drive, Suite # 830
Chicago, Illinois, 60611

Phone: (888) 951-6471
Fax: (888) 961-6471
Clinical Coordinator: (312) 961-6471
E-mail: admin@rivernorthpmc.com

www.rivernorthpmc.com

Pain Management Follow up Questionnaire

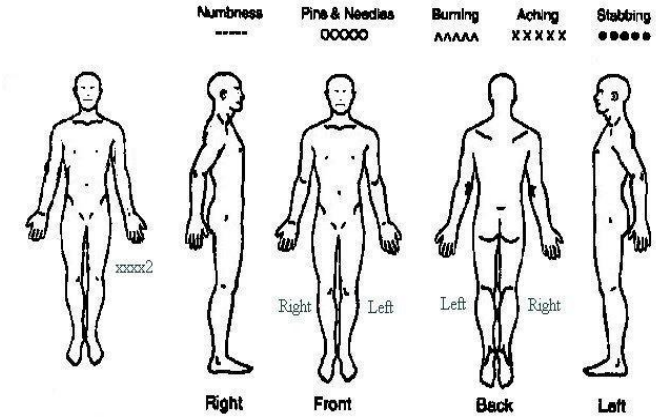
Name:_____Date:_____ Insurance: _____

What office location did we see you first? □RN □LS □680 LSD □IBJI □Oakton □Archer □Armitage

Remind us who referred you to us: _____ What type of Doctor is he/she?_____
How many injections have you had ? 1 2 3 4 __other When was the last one?
How would you rate your pain today?

No pain 0….1…2…3…4…5…6…7…8…9…10 Severe Pain

Where is your pain located today ?



Overall, how much has this previous procedure decreased your pain?
0% 20% 30% 40% 50% 60% 75% 80% 90% 100%

Do you still have any of the following symptoms?
Weakness Tingling sensation Inability to sleep

Have you had since your last visit any of the following?
Headaches Chills Fever Bowel or bladder incontinence

Did we dispense Medications to you? If so when?

Did we issue arrange for you to receive an LSO brace? If so did you receive it?

Are you still taking any pain, anti-inflamatory or any other of these medications?
Which one? Vicodin Norco Mobic Voltaren Tylenol Norco Advil Carisiprolol Gabapentin Tramadol

How would you rate your intake of pain meds after the previous injection?
No Change Increased Decreased

Has your level of activity, excercize, hise chores, etc., increased after the previous injection. Did you return to Work?
No Change Increased Decreased Yes No

Do you think this current treatment has helped you with your pain, so far?

Have you seen your Referring Doctor since we last saw you? If not, are you scheduled to se him/her?

Have you initiated physical therapy yet? I not when?

Are you pleased with the outcome of the teatment so far?

Comments/Suggestions:_____
_____
_____