

Newton Wellesley Orthopedic Associates
Follow-up Medical Questionnaire

Patient Name: _____

What body part is involved? (Please mark the table below)

| | | | | | | | | | |
|-----------------|--------------|--------------|-------------|------------|-------------|--------------|-------------|------|------|
| Shoulder L R | Elbow L R | Wrist L R | Hand L R | Hip L R | Knee L R | Ankle L R | Foot L R | Neck | Back |
|-----------------|--------------|--------------|-------------|------------|-------------|--------------|-------------|------|------|

Since your last visit, how are you? Better Worse Same

On a scale of 0 – 100%, **how much better/worse** are you now? (If no better/worse put 0%) _____ %

On a scale of 0 – 10 (10 is the worst) how **severe** is your pain? (circle) 0 1 2 3 4 5 6 7 8 9 10

What medications are you **still taking** for this condition? Anti-Inflammatory (Name) _____
 Narcotic (name) _____
 I am not taking any pain medication

Interval Medical-Family-Social History

Since your last visit, have you developed **new** problems with your: Skin Eyes/Ears/Nose/Throat Heart Lungs
 Bowels Urine Diabetes Nerves Joints None

Please describe any **new** medical problems (That have occurred since your last visit): None _____

PLEASE SIGN: The information on this form is accurate to the best of my knowledge.

Patient Signature _____ Date _____ MD/PA Signature _____