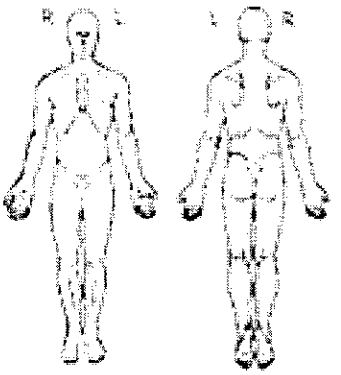
Barr Center
For Innovative Family Regenerative Therapies

FOLLOW-UP QUESTIONNAIRE

HT:_____WT:_____
BP:____/____ HR:____

Patient Name: _____ DOB:_____ Date:_____

What is your chief complaint today? _____
Have you had any diagnostic testing since last visit? YES/NO If yes, where_____
Do you have a new problem to address today? __Y __N If so, what is it? _____
Since your last visit are you: Better Worse Same _____
On a scale of 0-100%, how much better are you now? (If no better put 0%)____%
What is the quality of the pain?__Sharp_Dull_Stabbing _Throbbing _ Aching _Burning
The pain is now:__Constant__Intermittent (comes ang goes) _____
Does your pain wake you from your sleep?__Y__N _____
Does your pain radiate anywhere? If yes, where?
_____
Do you have? __Numbness__Tingling__Weakness_Loss of bowel or bladder function____None
What makes your symptoms/ pain worse? _____
What makes your symptoms/ pain better? _____



On a scale of 0-10 (10 being the worst), how severe is your pain now? 0 1 2 3 4 5 6 7 8 9 10

REVIEW OF SYSTEMS:

CONSTITUTIONAL	⌋ Fever · WeightLoss · WeightGain · Weakness · Fatigue · DifficultySleeping · Chills · NightSweats
EYES	⌋ Visual Problems · Glaucoma
HENT	⌋ Headaches · Sinus Problems · Hearing Problems · Sleep Apnea
CARDIOVASCULAR	⌋ Heart Trouble · Swelling of feet · Hypertension · Lower Extremity Swelling
RESPIRATORY	⌋ Cough · Shortness of Breath
GASTROINTESTINA	⌋ LiverDisease · Hepatitis · GallBladderProblems · Reflux · BowelProblems · Constipation · Diarrhea
GENITOURINARY	⌋ KidneyStone · KidneyDisease · BladderProblems · BloodinUrine · ReducedLibido(desireforsex)
INTEGUMENT	⌋ Dry Skin · Rashes
NEUROLOGICAL	⌋ Seizures · Stroke · Peripheralneuropathy · Numbness · Memoryorconcentrationdifficulties ⌋ Loss of Balance · Falls · Head Injuries
MUSCULOSKELETAL	⌋ NeckPain ShoulderPain ElbowPain Wrist/HandPain Carpal Tunnel Syndrome ⌋ Low Back Pain Hip Pain Knee Pain Foot/Ankle Pain Gout
ENDOCRINE	⌋ Thyroid Problem ϒDiabetes Type I or TypeII (please circle) ϒ Excessive Thirst
PSYCHIATRIC	⌋ Depression ϒAnxiety ϒAnger ϒGuilt
HEME-LYMPH	⌋ Easy Bruising ϒ HIV Exposure ϒ Bleeding Problems
ALLERGIC-IMMUNOLOGIC	⌋ Seasonal Allergy Allergies ϒ Anaphylactic (Severe) Medication Allergies ϒ Anaphylactic (severe) Reaction to Bee Stings

Patient Signature:_____**Date:** _____
MD/NP Signature:_____**Date:** _____