MedStar National
Rehabilitation Network

Please complete the form and send it back 48 hours before your visit so the information can be added to your electronic medical record.

* Required

Name:

Date of Visit:

Any changes in your condition from the last visit? *
New findings, emergency department visits, hospitalizations, etc.

Any changes in your medications since the last visit? *
Has anyone altered your previous medications or dosage regimen physician, nurse practitioner, you, etc?

Have you seen any other physicians since your last visit and is there relevant information from them that we should know? *
Who were the physicians and what did they do consultants, PCP, others; any new testing or laboratory findings, etc.

Have you seen any other healthcare providers in the interim since your last visit?
Are there any interventions that we should discuss PT, OT, SLP, injections, massage, acupuncture, etc?

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Any change in smoking status? Yes
Started or stopped?

Any change in weight?
Gain or loss?

Do you have pain? *
Please rate your pain.

Select the number that applies:

No pain (0) Worst pain imaginable (10)

1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**

Please estimate the range of pain over the interval since you were last seen in the office.
How variable is it constant at one level, variable in the same day, variable over multiple days or weeks, etc.

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Any change in any of your body systems? *
Have you been dealing with other symptoms related to other areas of your body cardiovascular, pulmonary, gastrointestinal, genitourinary, neurological, musculoskeletal, etc.

Check all that apply.

General: fever, fatigue, sleep problems
Eyes: blurry vision, double vision
ENT: decreased hearing, ear pain, sinus congestion, facial pain
Cardiovascular: chest pain, fainting, palpitations, hypertension
Respiratory: shortness of breath, cough, wheezing
Gastrointestinal: heartburn, constipation, nausea, vomiting, diarrhea
Genitourinary: pain on urination, incontinence, increased frequency, hesitancy, sexual dysfunction
Musculoskeletal: joint swelling, joint pain, soft tissue pain
Dermatologic: rash, itching, healing issues
Neurological: numbness, tingling, weakness, loss of balance, history of seizures
Psychological/emotional: anxiety, depression
Endocrinological: weight change, excessive thirst, temperature intolerance
Hematological: easy bruising, bleeding
Allergy/immunological: hives, infections, reactions
Other/comments:

What should be the focus of our visit? *
What should we do discuss an issue, treat an area, discuss referrals, generate prescriptions, etc.

Anything else you would like to share?
Are there any other significant issues going on in your life family issues, financial issues, health issues of others, high stress issues, etc.