Carolina Pain and Weight Loss

Follow-Up visit form for: _____
(Patient name)

Please circle what applies to you

Your average pain level during the past month: **1 2 3 4 5 6 7 8 9 10**

Since your last visit, is your physical functioning: **Better Same Worse**

Since your last visit, are your family relationships: **Better Same Worse**

Since your last visit, are your social relationships: **Better Same Worse**

Since your last visit, is your mood: **Better Same Worse**

Since your last visit are your sleep patterns: **Better Same Worse**

Since your last visit, is your overall functioning: **Better Same Worse**

Do you think you are having any side effects from your pain medication (including constipation)?_____

What techniques are you currently using for symptom control?

Medication Pacing yourself Rest Exercise Heat
Ice TENs Backbrace Relaxation Techniques

Did you drive yourself to this appointment today? **Yes**_____ **No**_____

If you answered **NO**, how did you get here?_____

When did you last take your pain mediation?_____

What did you take?_____

If you did not take you pain medication today,
WHY NOT?_____