

FOLLOW-UP PROGRESS NOTES

DOS: _____

DOB: _____

DOI: _____

Patient Name _____

MEDICATION _____

REHAB _____ times a week Helping: Y N

IMAGING X-ray MRI _____ Reviewed w/ pt

Temp _____ Pulse _____ BP _____

HELPING Y N N/A **SE** Y N N/A **REFILL** Y N

ER / UC / GP Y N Reviewed w/ pt

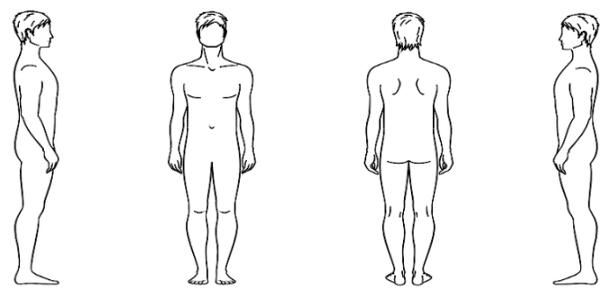
SPECIALTY _____ Reviewed w/ pt

S _____

PAIN	FREQUENCY	Occasional	Frequent	Constant	Lasts: hrs	mins	BEST LAST WEEK	1	2	3	4	5	6	7	8	9	10		
	WORSE ↑	Sitting	Standing	Walking	Bending	Turning	Straining	NOC	WORST LAST WEEK	1	2	3	4	5	6	7	8	9	10
	BETTER ↓	Rehab	Meds	Rest	Movement	Brace	Ice	Heat	NOC	DUTIES UNDER DURESS	Y	N							

		RESOLVED	BETTER	SAME	WORSE	NEW
SUBJECTIVE	OVERALL	Energy Dizziness				
	HEENT	HA Facial pain Dental pain Visual problems				
	NECK	Pain Stiffness Spasm →				
	UP/MID BACK	Pain along spine Inter-scapular pain Trap spasm				
	CHEST / ABD:	Palpitations Pain w breathing Bruising GI				
	LOW BACK	Pain Stiffness Spasm →				
	EXTREMITIES					
	MENTAL	Stress Sleep Mood Concentration				
ADLs						

OBJECTIVE	GENERAL	Cooperative N speech N memory		
	HEAD	NCAT Scalp NT		
	EENT	N inspection PERL EOMI		
	CHEST / ABD	NT NWOB No bruises/marks		
	CS			
	UE			
	THORACIC			
	LS			
LE				
NEURO				



N normal D deformity H hypertonicity P pain w motion S swelling, spasm R paresthesia B bruising W weakness + or O positive, present
 N non-tender S scar L ↓ROM, splinting T tenderness TP trigger point → radiation A abrasion I or ✓ (grossly) intact ⊖ or \ negative, absent

DX _____ As previous visit
 See superbill

STATUS

Made reasonable progress

ADL and/or pain score improvement

Condition unchanged

Exacerbation or minor-major flare up

Unable to take medication d/t

Not responding to non-interventional pain measures

Poor compliance with POC

Co-morbidity/pre-existing conditions complicating progress

PLAN

Continue rehabilitation in clinic & at home exercises

Continue stress reduction techniques: breathing, relaxation, mediation

Rx Continue Refill New

Refer to

Imaging X-ray CT MRI

RTC

Patient discontinued care

Obtain Old medical records Test results Consultation reports

Release from care; reached maximum medical improvement (MMI)

INSTRUCTED: Dx Tx Rx R&B Referrals Imaging Stress management. Questions/concerns answered/discussed. Verbalized understanding & agreed w POC.
SERVICES PROVIDED TODAY: Existing patient exam 99213 99214 99215

PATIENT _____ MEDICAL PROVIDER _____ DATE _____