



# Bay Area Orthopedic Institute

## Eddie Y. Lo, M.D.

2171 Junipero Serra Blvd, Suite 388, Daly City CA 94014. Phone: 650-993-8349. Fax: 650-993-8352  
728 Pacific Ave, Suite 503, San Francisco, CA 94133. Phone: 415-398-5990. Fax: 415-398-5976

### FOLLOW UP VISIT QUESTIONNAIRE

**Patient name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Which body part (s) are we seeing you for today?**

**Did you have any X-Ray, MRI or EMG studies done since your last visit?**

- Yes, if so what kind: \_\_\_\_\_
- No

**Workers Compensation patients only:**  
**What is your status at work?**

- Working regular duty
- Working modified duty
- Off work because modified duty not available
- Off work because you have been laid off.
- Off work

**Are you taking Medications for this injury?**

- Yes, List of medications: \_\_\_\_\_
- Are they helping
  - Yes
  - No

**Are you able to perform full work at this time?**

- Yes
- No

**Are you getting Physical Therapy/Chiro/Acupuncture?**

Circle: Physical therapy/ chiropractor / acupuncture

- Yes
  - ongoing and helping
  - not helping
- No
  - Completed therapy.
  - pending authorization
  - not able to get there
  - none ordered

**Is your sleep interrupted by pain?**

- Yes
- No

**Did you have an injection on the last visit?**

- Yes,
  - it helped / helped temporarily
  - did not help
- No

**Describe your pain level**

- low or none ..... (0-3)
- minimal ..... (4-6)
- moderate ..... (7-9)
- Severe..... (10)