Fill in all areas as much as possible. Click Submit Form to send via the Internet. **Submit Form**

TYLER NEUROSURGICAL ASSOCIATES, P.A.
Follow-Up Evaluation Form

Physician: ◯ Ledlie ◯ Grahm ◯ Renfro ◯ Detwiler ◯ Hackbarth ◯ Sutherland

Today's Date: _____ Date of Appointment: _____

Patient's Name: _____ Date of Birth: _____

Surgery Date: _____ Address: _____ Phone: _____

On a scale of 0 to 10, with 0 being no pain and 10 being your worst pain ever (related to your problem) how would you rate your pain? (Enter one number for each question below)

	No Pain Worst Pain
What is your pain like today? ☐	0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10
What is your pain like at its worst? ☐	0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10

What is your pain compared to before surgery? ◯ Better ◯ Same ◯ Worse

What is your current main complaint (as it relates to what brought you to this clinic)?

Please list the current medications you are taking related to the problem that brought you to this clinic?

Current Medications	Helpful	Not Helpful	Dose	For How Long?
	◯	◯		
	◯	◯		
	◯	◯		

Please list all medicines you are allergic to: _____

Have you had treatment or tests (x-rays, injections, chiropractor, etc.) since your last visit?

Did it help? _____

Is there anything new about your medical or family history since you last saw the doctor?

Which statement describes your current employment situation? (Check all that apply)

☐ Currently working regular duties
☐ Currently working modified basis
☐ On paid leave
☐ On unpaid leave (on suspension/layoff)
☐ Unemployed, unable to find work
☐ Unemployed due to spine problems
☐ Homemaker
☐ Student
☐ Retired (not due to health)
☐ Disabled and/or retired because of spine
☐ Disabled due to health problem not related to back
☐ Other, please specify _____

Comments: _____

BP: _____ Physician Initial _____ Nurse Initial_____