Texas Orthopaedic Associates LLP (For Nurse) Temp_____Pulse _____BP_____/_____
Fort Worth – Ortho Lone Star Affiliate Temp_____Parent / Other _____

Patient Follow–up Information

Date _____

Name _____ **Nickname**_____ **Date of Birth**_____

What is your current **Height**_____ **Weight**_____ **Pain Level** (0-10)_____

If Applicable: **Date of Surgery** _____/_____/_____ **Surgical Side** ☐Right ☐Left **No. of Weeks Post-Op**_____

Since your last visit:

Is your current orthopedic problem: ☐ Improving ☐ Unchanged ☐ Worsening

Explain _____

Are you experiencing new or changing symptoms? ☐ No ☐ Yes

If yes, what are they? _____

Do you have any other newly diagnosed medical or surgical condition? ☐ No ☐ Yes

If yes, what are they? _____

COVID19 **Have you had recent international or domestic travel?** ☐ No ☐ Yes

Have you had contact with anyone who has a fever or who may have COVID19 ☐ No ☐ Yes

Have you experienced any new symptoms such as: fever, cough, fatigue, chills, infections, numbness, weakness, limb swelling, calf pain, blood clots, breathing problems, heart problems, chest pain, allergic reactions, increased thirst or sweating, unexplained weight loss/gain, or any other symptoms of concern to you? ☐ No ☐ Yes

If yes, describe them_____

Have you had any new treatments, such as chiropractic care, acupuncture, massage, cold laser, dry needling, injection, medications, etc. of which we are not aware? ☐ No ☐ Yes

If yes, describe them_____

What is your current activity level? _____

Please update:

Allergies ☐ Unchanged ☐ New or changed_____

Prescription medications ☐ Unchanged ☐ New or changed_____

Other medications ☐ Unchanged ☐ New or changed _____

Nutritional supplements ☐ Unchanged ☐ New or changed_____

Do you use Tobacco? ☐ No ☐ Yes If you use tobacco, please STOP

Are you still in Physical Therapy? ☐ No ☐ Yes Number of visits each week_____

Therapist's Name and Center Location:_____

My signature below indicates that the above information is true and correct to the best of my knowledge.

Signed _____ **Date**_____
(Parent / Guardian for Minor)