

MICHAEL O. LAGRONE, M.D., P.A. | ORTHOPAEDIC SURGERY
Adult & Pediatric Spine Surgery – Scoliosis – Pediatric Orthopaedics
1600 Coulter, Building B, Amarillo, Texas 79106
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RETURNING PATIENT FORM

Please take the time to answer all questions that apply to your return visit.

Date: _____

Name: _____ **AGE:** _____

Reason for appointment: Scoliosis Follow-Up Routine Post-Op Routine Follow-up New Problem

Since your last appointment, have you had: P.T. Injections Medications None

Please list any new medical problems since your last appointment:

Please list any surgeries since your last appointment:

List all of your medications and vitamins/supplements:

Allergies: (Drugs, Foods, Environmental) NO KNOWN ALLERGIES
 Latex Penicillin Keflex Sulfa Type Drugs Other types of Antibiotics _____
 Anti-Inflammatories Aspirin Codeine Morphine Hydrocodone Other Medication
 Anesthetics/History of Malignant Hyperthermia including family members _____

Smoking: Yes No If yes how long? _____ years Have you quit smoking? Yes No When? _____
How many packs per day? _____ How long did you smoke before quitting? _____ years

Do you chew or dip tobacco? Yes No If Yes, How much? _____

Alcohol: Yes No If yes, what type and how much per day? _____

If you are having any pain, please complete the diagram on the following page.

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Date: _____

Patient Name: _____

USING THE SYMBOLS BELOW, MARK DRAWING ACCORDING TO YOUR PAIN. INCLUDE ALL AFFECTED AREAS.

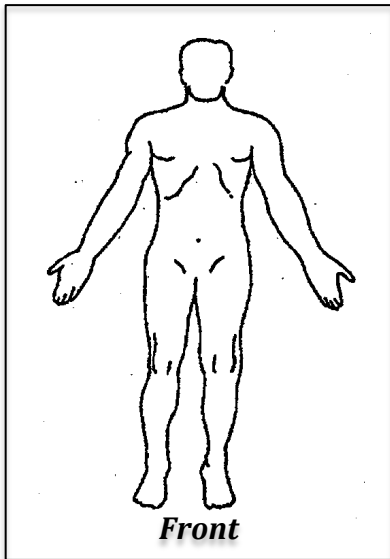
ache/sore: >>>
 cramping: ccc

dull: DDD
 pressure: ppp
 burning: BBB

sharp: sss
 tingling: xxx
 shooting: +++

throbbing: TTT
 pins/needles: ooo

numb: nnn
 stabbing: ///



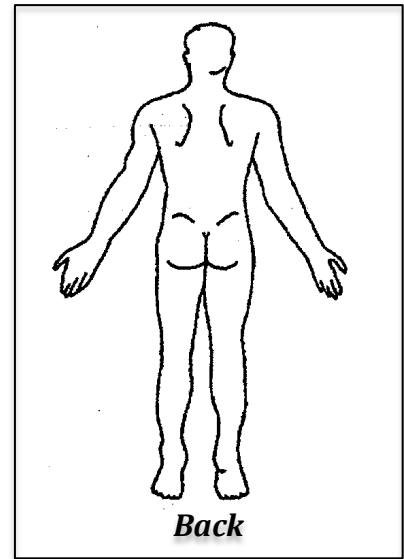
Neck Pain: Circle Severity Level
 0 1 2 3 4 5 6 7 8 9 10
 minor moderate severe

Pain in arm(s) compared to neck:
 Worse than Same as Less than

Upper Back Pain: Circle Severity
 0 1 2 3 4 5 6 7 8 9 10
 minor moderate severe

Low Back Pain: Circle Severity Level
 0 1 2 3 4 5 6 7 8 9 10
 minor moderate severe

Pain in leg(s) compared to back:
 Worse than Same as Less than



Check/Circle/Highlight Any That Apply

ARE YOU GETTING:

- Better
- Worse
- Unchanged

DOES PAIN COME ON:

- Suddenly
- Gradually

ARE YOU USUALLY IN:

- Mild discomfort
- Moderate discomfort
- Severe discomfort

PAIN IS:

- Constant
- Good & bad days

PAIN IS WORSE IN THE:

- Morning (6am - 12pm)
- Afternoon (1pm-8pm)
- Night (8pm - 6am)