**FOLLOW-UP VISIT via In-Office**

PATIENT NAME:

DATE OF BIRTH:

DATE OF EVALUATION:

DATE OF DICTATION:

**PHYSICIAN**: Robert Klickovich, M.D

Provider:

Referring Physician:

Insurance:

Location:

CMA:

Room #:

**CHIEF COMPLAINT**: The patients worst pain complaint today is located in their \_\_\_\_\_\_\_\_\_\_, in addition to their other \_\_\_\_\_\_\_\_\_\_ pain complaints and presents today to the clinic today for a routine f/u of their usual pain complaints and/or medication refill; flare up of known pain complaints especially pain in the \_\_\_\_\_\_\_\_\_\_; re-evaluation S/P \_\_\_\_ with % decrease in pain for a duration of \_\_\_\_\_\_\_\_\_\_ and S/P \_\_\_\_ with % decrease in pain for a duration of \_\_\_\_\_\_\_\_\_\_ and currently with % decrease in pain.

**HISTORY OF PRESENT ILLNESS**: Since their last visit, the:

**Pain** is: {{pain\_illnesslevel}}

**Activity** level/functioning is: {{activity\_illnesslevel}}

**Social** Relationships are: {{social\_illnesslevel}}

**Job** Performance is (if working): {{job\_illnesslevel}}

**Sleep** Patterns are: {{sleep\_illnesslevel}}

**CHARACTERISTICS OF PAIN INCLUDE:**

**Temporally it is:** Continuous baseline pain with frequent painful exacerbations.

Qualitatively it is:

**Numeric** Scale rating of (?/10): Average: \_\_/10. Best: \_\_/10. W/meds: \_\_/10. W/o meds: \_\_/10.

**Social Hx** significant for:

Working status of:

**REVIEW OF SYSTEMS**:

**ALLERGIC SYMPTOMS INCLUDE: NEUROLOGICAL SYMPTOMS INCLUDE**:

Allergies to new Meds/Foods: Yes, the problem is being treated. Worsening Weakness in limbs: Yes, the problem is being treated.

Hives and Itchy skin: Yes, the problem is being treated. Worsening Sensation in limbs: Yes, the problem is being treated.

Sneezing: Yes, the problem is being treated. Numbness/tingling sensations: Yes, the problem is being treated.

Hay fever: Yes, the problem is being treated. Loss of Bowel or Bladder: Yes, the problem is being treated.

Red & Itchy eyes: Yes, the problem is being treated New convulsions or seizures: Yes, the problem is being treated.

**Patient Compliance with Treatment Plan**

{'U-tox and/or Pill Count O.K.?': 'Yes', 'Participates in PT or home exercise prgm': 'No', 'KASPER report O.K.?': 'No', 'Ordered imaging studies completed': 'NA', 'Participated in Weight-Loss Prgm': 'No', 'U-tox and/or Pill Count O.K.?\_comment': 'kamal', 'KASPER report O.K.?\_comment': 'kamal', 'Participates in PT or home exercise prgm\_comment': 'kamal', 'Ordered imaging studies completed\_comment': 'kamal', 'Participated in Weight-Loss Prgm\_comment': 'kamal', 'Participated with Counselor if recommended\_comment': 'kamal', 'tox\_count\_yes': 'Yes', 'pt\_yes': 'Yes', 'kasper\_yes': 'No', 'imaging\_yes': 'NA', 'weightloss\_yes': 'No', 'counselor\_yes': 'NA', 'tox\_count\_comment': 'kamal', 'kasper\_comment': 'kamal', 'pt\_comment': 'kamal', 'imaging\_comment': 'kamal', 'weightloss\_comment': 'kamal', 'counselor\_comment': 'kamal'}

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Yes** | **No** | **N.A.** | **Comments** |
| U-tox and/or Pill Count O.K.? | {{complianceWithTreatmentPlan.tox\_count\_yes}} | {{tox\_count\_no}} | {{tox\_count\_na}} | {{tox\_count\_comment}} |
| KASPER report O.K.? | {{complianceWithTreatmentPlan.kasper\_yes}} | {{kasper\_no}} | {{kasper\_na}} | {{kasper\_comment}} |
| Participates in PT or home exercise prgm | {{complianceWithTreatmentPlan.pt\_yes}} | {{pt\_no}} | {{pt\_na}} | {{pt\_comment}}  At home \_\_\_\_. Number of sessions done: \_\_\_\_ |
| Ordered imaging studies completed | {{complianceWithTreatmentPlan.imaging\_yes}} | {{imaging\_no}} | {{imaging\_na}} | {{imaging\_comment}} |
| Participated in Weight Loss Prgm | {{complianceWithTreatmentPlan.weightloss\_yes}} | {{weightloss\_no}} | {{weightloss\_na}} | {{weightloss\_comment}}  Increased /Decreased \_\_ lbs. BMI: \_\_. Weight: Gain / Loss / Same |
| Participated with Counselor if recommended | {{counselor\_yes}} | {{counselor\_no}} | {{counselor\_na}} | {{counselor\_comment}} |

**Comments** (Compliance, MRI, X-ray etc): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PHYSICAL EXAMINATION**:

**Vitals**: BP: \_\_. Ht: \_\_ feet \_\_ inches. Wt: \_\_. BMI: \_\_

**General appearance** is: Well groomed and content

**Orientation** to person, place, and time is: Correct

**Mood and Affect** are: Appropriate

**Gait** is: Within normal limits and with no assistive device

**Station** (stance) is: Within normal limits and steady

**Cardiovascularly** ankle swelling is: Not present

**Lymphadenopathy** in the cervical and or inguinal lymph node chain is? Not present

**Coordination and Balance** shows Romberg test is: Negative

**Motor Function**: No stated and observed change in motor and or sensory function since last visit.

Date:

Pre-existing:

CC:

**Palpation revealed**:

\_\_\_\_\_ muscle tenderness

\_\_\_\_\_ Joint tenderness

**R.O.M. revealed**:

\_\_\_\_\_ decrease in gross movement

**Comments**:

**Sensory** changes: (paresthesia and numbness) occur continuously / Intermittently at the levels of right/left L3, L4, L5, S1, S2, C6, C7, C8, T1 and T2 \_\_\_\_\_\_\_\_\_\_\_\_

**The following findings of ESTABLISHED complaints were positive:**

**Other : \_\_\_\_\_\_\_\_\_\_\_\_ROM is grossly decreased on left/right/bilaterally.**

Cervical spine tenderness of paraspinal muscles Choose an item.

Traps/levator scapula tenderness Choose an item.

Cervical facet loading signs Choose an item. at C2-C5/C5-T1.

Pain (worst) with extension.

Thoracic spine tenderness of paraspinal muscles Choose an item.

Trapezius/rhomboid tenderness Choose an item.

Thoracic facet loading signs Choose an item. at T\_\_\_\_\_\_\_.

Pain (worst) with rotation.

Lumbar spine tenderness of paraspinal and or quadratus muscles Choose an item.

Gluteal tenderness Choose an item.

Lumbar facet loading signs Choose an item. at L2–L5/L3-L5.

Quadrant test Choose an item.

Slump/SLR Choose an item.

Patrick Choose an item.

SIJ tenderness Choose an item.

Thigh-Thrust Choose an item.

Gaenslen Choose an item.

Apley scratch Choose an item.

Crepitus Choose an item.

Crossover test Choose an item.

ROM is grossly decreased Choose an item.

Subacromial tenderness Choose an item.

Neer Impingement Choose an item.

Drop Arm Test Choose an item.

Empty Can Test Choose an item.

(hip) Squat test

Trochanteric bursa tenderness Choose an item.

ROM is grossly decreased Choose an item.

Patrick Choose an item.

FADIR (flexion, adduction and medial hip rotation) Choose an item.

Peri-Patella tenderness Choose an item.

Joint line tenderness Choose an item.

ROM is grossly decreased Choose an item.

Drawer Test Choose an item.

Valgus/Varus stress test Choose an item.

McMurray test Choose an item.

**ASSESSMENT**:

1. **CERVICAL**
2. Facet Arthropathy – M46.92
3. Spondylosis-Cervical – M47.812
4. Cervicalgia – M54.2
5. DJD-Cervical– M50.30
6. **UPPER EXTREMITY**
7. Shoulder-Right Bursitis – M75.51
8. Shoulder-Left Bursitis – M75.52
9. Shoulder DJD Right – M19.011
10. Shoulder DJD Left – M19.012
11. Shoulder-DJD – M19.019
12. **THORACIC**
13. Facet Arthropathy Thoracic – M46.94
14. Facet Spondylosis Thoracic – M47.814
15. Thoracic Spine Pain – M54.6
16. **LUMBAR**
17. Facet Arthropathy, Lumbar – M46.96
18. Facet Spondylosis – M47.816
19. Lumbago NOS/Low Back Pain – M54.50
20. DDD-Lumbar – M51.36
21. Stenosis – Lumbosacral – M48.07
22. Post Laminectomy Lumbar – M96.1
23. Radiculopathy-Lumbar – M54.16
24. **LOWER EXTREMITY**
25. Hip Trochanteric Bursitis Right – M70.61
26. Hip Trochanteric Bursitis Left – M70.62
27. Hip DJD Right – M16.11
28. Hip DJD Left – M16.12
29. Knee Pain Right – M25.561
30. Knee Pain Left – M25.562
31. Knee DJD Right – M17.11
32. Knee DJD Left – M17.12
33. Ankle Pain Right – M25.571
34. Ankle Pain Left – M25.572
35. Foot Pain Right – M79.671
36. Foot Pain Left – M79.672
37. **SACRUM/COCCYX**
38. Sacroilitis (Right and/or left) – M46.1
39. SIJ Arthropathy (Right and/or left) – M46.98
40. SIJ Pain (Right and/or left) – M53.3
41. **MISCELLANEOUS**
42. Abdominal Pain – R10.9
43. Anxiety – F41.9
44. Arthritis-Rheumatoid – M06.9
45. Arthritis, Osteo – M15.9
46. Chest Wall Pain – R07.89
47. Chronic Pain – G89.29
48. Depression – F32.9
49. Diabetes 1 with issues (eg neuropathy)– E10.9
50. Diabetes 2 with issues (eg neuropathy)– E11.8
51. Fibromyalgia – M79.7
52. Myalgia (Myofascial) Pain – M79.18
53. Obesity – E66.9
54. Obesity, Morbid – E66.01
55. Alcohol Dependence in Remission – F10.21
56. **NERVE**
57. Mononeuropathy RLE/LLE – G57.91/2
58. Mononeuropathy RUE/LUE – G56.91/2
59. Neuropathy – peripheral – G60.9
60. Neuropathy-Unsp – G58.9

**Follow-Up Plan**:

F/u severity of non-compliance per history is: None / Mild / Moderate / Significant

1. Action taken if non-compliant: The patient counseled/warned on need to engage treatment plan/final warning given before NNCP/NNCP/Discharge.

F/u Review completed for: U-Tox/ORT, KASPER Report, Medication list, Nursing/chart notes, Treatment goals, plan and U-Tox log.

As discussed during the initial consultation with the patient and as monitored during subsequent clinic visits, the patient will:

1. Engage physical therapy with an initial evaluation and then learn their recommended treatment exercises. The learned exercises will continue at the patient home as part of a home based exercise program. Additionally, if spinal column problems exist then learning and implementing the McKenzie stabilization exercises is consistently recommended.
2. Participate in a weight loss program if their BMI=>30. This includes learning the Myfitnesspal.com free application for which user instructions were given to the patient during the initial visit. A consultation with a dietician was also recommended initially if they are diabetic.
3. Participate in a behavioral health program if diagnosed with either depression, bipolar, or other mental disorders with an emphasis on learning coping skill. Specifically, mastery of the techniques employing distraction and guided-imagery is encouraged.
4. Unless noted elsewhere, all other problems (diagnosis) have been stable/addressed and current treatment is to continue (eg O.A., D.M., BMI, Neuropathy)

If the patient received 50% pain relief from their last procedure, then this intervention will be continued. Otherwise, the current treatment plan and procedures will be changed as appropriate

**F/u Orders**:

\_\_\_\_\_\_Will not order a Urine Drug Test (UDT)

\_\_\_\_\_\_Will order a Urine Drug Test (UDT) Using an Instrumented Chemistry Analyzer to screen for drug classes of prescribed medications and drug classes for commonly abused substances used locally in the KY/Louisville area

1. If UDT ordered, will review screen results and confirm all prescribed meds (e.g. confirm a positive screen UDT and/or confirm an unexpected negative screen UDT).
2. If UDT ordered, Confirm all non-prescribed drugs that were positive on the screen UDT and will always test for: Fentanyl, Methamphetamine and Cocaine

**Justification for UDT**: It is medically necessary to monitor adherence to the Prescription Medication Agreement and to identify possible misuse, diversion and/or abuse of both prescribed and unprescribed medications. Compliance tools used to monitor patients’ include: UDT, The Prescription Drug Monitoring Program database (e.g. KASPER), Risk Stratification Tools (e.g. ORT), and current High-Risk substances in the KY/Louisville area (see below). Based on these compliance tools, especially current High-Risk substance abuse community trend locally. UDT will usually be ordered quarterly (or more frequently as applicable) for patients on opioids.

1. Kentucky Chamber Workforce Ctr, 2019, “Opioid in Kentucky Abuse”, Kentucky Chamber of Commerce, June 2019, pp. 2-18.
2. Substance Abuse and Mental Health Services Administration, 2020,“Behavioral Health Barometer: Kentucky, Volume 6: Indicators as measured through the 2019 National Survey on Drug Use and Health and the National Survey of Substance Abuse Treatment Services”, HHS Publication No. SMA–20–Baro–19–KY, pp. 21-26:

\_\_\_\_\_\_Unexpected U-Tox Result:

\_\_\_\_\_\_Will order a random pill count and U-Tox Screen with possible laboratory confirmation, if appropriate.

\_\_\_\_\_\_Will order Physical Therapy Eval And Tx (ROM, Strengthening, Stretching) for:

\_\_\_\_\_\_Will order (MRI/CT) with/without contrast of:

Due to Worsening pain/symptoms

Due to intermittent tingling and/or numbness into extremity.

\_\_\_\_\_\_Will order X-Ray of:

\_\_\_\_\_\_Will order Behavioral Health Consult with emphasis on:

\_\_\_\_\_\_Will Refer to:

**MEDICATION MANAGEMENT**:

1. Due to acceptable ADL, efficacy & tolerance the C.S. dosing was unchanged (or no additional C.S.).
2. Due to decreased ADL & efficacy and increased tolerance the C.S. dosing was changed accordingly.
3. Due to non-compliance with C.S. or illegal drug use, the patient is now on a NNCP (See U-Tox Log for justification).

**INJECTIONS:**

1. **Now** \_\_\_\_\_\_\_\_\_\_\_
2. right / left / right to left / left to right /bilateral
3. Later schedule **lumbar** Choose an item. \_\_\_\_\_\_\_\_ lumbar medial branch blocks at L3/4, L4/5 and L5/S1.
4. Later schedule **lumbar** Choose an item. \_\_\_\_\_\_\_\_ radiofrequency ablation at L3/4, L4/5 and L5/S1.
5. Later schedule **cervical** Choose an item. \_\_\_\_\_\_\_\_ cervical medial branch blocks at C5/6, C6/7 and C7/T1.
6. Later schedule **cervical** Choose an item. \_\_\_\_\_\_\_\_ radiofrequency ablation at C5/6, C6/7 and C7/T1.
7. Later schedule **thoracic** Choose an item.\_\_\_\_\_\_\_\_ thoracic medial branch blocks at T2/3, T3/4, and T4/5 or T5/6, T6/7, and T7/8 or T9/10, T10/11, and T11/12.
8. Later schedule **thoracic** Choose an item.\_\_\_\_\_\_\_\_ radiofrequency ablation at T2/3, T3/4, and T4/5 or T5/6, T6/7, and T7/8 or T9/10, T10/11, and T11/12.
9. \_\_\_\_\_Later schedule midline epidural steroid injection at \_\_\_\_\_\_\_
10. \_\_\_\_\_Later schedule midline caudal block.
11. \_\_\_\_\_Later schedule **ESI** TFESI at Choose an item.\_\_\_\_\_\_\_
12. \_\_\_\_\_Later schedule hip injection intra-articularly at \_\_\_\_\_\_
13. \_\_\_\_\_Later schedule trochanteric bursa hip injection at \_\_\_\_\_
14. \_\_\_\_\_Later schedule knee injection intra-articularly at \_\_\_\_\_\_
15. \_\_\_\_\_Later schedule subacromial shoulder injection at \_\_\_\_\_\_
16. \_\_\_\_\_Later schedule shoulder injection intra-articularly at \_\_\_\_\_\_\_\_\_\_
17. \_\_\_\_\_Later schedule SCS trial lumbar
18. \_\_\_\_\_Later schedule SCS implantation lumbar
19. \_\_\_\_\_Later schedule trigger point injection \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Other Plans:**

1. \_\_\_\_\_\_\_\_\_\_\_\_

**Facet, RFA, & ESI/Caudal** Injection: Activity/exercise modifications discussed & implemented (eg McKenzie & stretching exercises).

\_\_\_\_\_\_\_ **MBB** INITIAL: The patient reports axial pain greater than or equal to x3 months AND NO untreated radicular pain AND Unsuccessful P.T./home exercise program x6 weeks AND decreased ADLs AND Medications tried.

\_\_\_\_\_\_\_ **RFA** INITIAL: The patient has received greater than or equal to 80% temporary pain relief from left, right and confirmatory bilateral MBB.

\_\_\_\_\_\_\_\_ **RFA** REPEAT: The patient reports greater than or equal to 50% pain relief from last RFA for 6 months and \_\_\_\_ greater than or equal to 50% improvement in ability to perform ADLs and/or overall function.

\_\_\_\_\_\_\_\_ **RFA** will be ordered \_\_\_\_\_ bilaterally or \_\_\_\_ unilaterally.

\_\_\_\_\_\_\_\_ **RFA** in patient with spinal fusion, will be done: At levels different from the fusion or \_\_\_\_\_\_\_ Posteriorly as fusion was done anteriorly.

\_\_\_\_\_\_\_ **ESI**/Caudal Indication: The patient reports history of greater than or equal to 4 weeks of radicular pain \_\_\_\_ intermittently \_\_\_\_\_ continuously \_\_\_\_\_\_ FBSS or FNSS.

\_\_\_\_\_\_\_ **ESI**/Caudal Indication: Imaging shows: \_\_\_\_\_\_ HNP/bulging/protrusion \_\_\_\_\_\_\_

\_\_\_\_\_\_\_ **ESI**/Caudal Indication: Overall quality of life and \_\_\_\_\_ **function** (ADLs) is significantly impacted due to radicular/FBSS pain complaints.

\_\_\_\_\_\_\_ **ESI**/Caudal Indication: The patient reports greater than or equal to 4 weeks of P.T./home exercise done \_\_\_\_\_\_\_\_\_ unsuccessful P.T./home exercise program x4 weeks due to pain.

\_\_\_\_\_\_\_ **ESI**/Caudal REPEAT with SUCCESS after last injection for 3 months: \_\_\_\_\_\_\_\_ 50% pain relief OR \_\_\_\_\_\_ Improved Function (ADLs).

\_\_\_\_\_\_\_ **ESI**/Caudal REPEAT with FAILURE after last injection for 14 days: Will now use a different \_\_\_\_\_\_\_ spinal level or \_\_\_\_\_ approach.

For the planned procedure(s), if any, considerable time was spent explaining the risks, benefits and alternatives. All questions were answered including common complications to planned procedure along with remedies for the potential complications. Handouts were also given to the patient as appropriate including procedure and educational videos at www.tinyurl.com/PROCEDURE-Oct2022. if applicable, the patient was told to stop taking all anti coagulant medications for 3-5 days. The specific cessation interval depends on both the anti coagulants they are on and the type of procedure scheduled.

Once the patient has fully engaged and completed the initial treatment plan as documented over the course of multiple clinic visits, then Maximum Medical Improvement (MMI) will be achieved. Additionally, if the patient is taking narcotics, then this will be tapered down over a 3-6 month period as tolerated by patient.

**Follow-up Appointment in**:

personally performed todays follow-up evaluation and treatment plan of the patient, while Dr. Robert Klickovich (or different Physician noted/documented above) provided direct supervision of the APRN and was immediately available to assist if needed during todays follow-up patient encounter. A clinic physician had previously performed the initial service evaluation of the patient while Dr. Robert Klickovich currently remains actively involved in the patient's progress and treatment plan including approving changes in medication type, strength, or dosing interval or any other aspect of their care plan.

**This document(s) was dictated, transcribed, but not read and is subject to review and confirmation. Please contact the author if you have any concerns/clarifications.**

Robert Klickovich, MD

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RK/

05/ \_\_ /2025

**Provider**: Cortney Lacefield, APRN / Lauren Ellis, APRN / Taja Elder, APRN / Robert Klickovich, M.D

**Insurance**: Aetna / BCBS / Ambetter / Commercial / Humana / PP / Medicare / Medicaid / TriCare / Trieast / WellCare / Work. Comp / UHC

**Location**: Louisville / E-town

**CMA**: Alyson / Brenda /Erika / Janelle / Laurie / Melanie / MS / Nick / PP / SC / Steph / Tony / Tina / DJ

**HISTORY OF PRESENT ILLNESS**: Since their last visit, the:

**Pain** is: More tolerable / Less tolerable /worse / the same.

**Activity** level/functioning is: More tolerable / Less tolerable /worse / the same.

**Social** Relationships are: More tolerable / Less tolerable /worse / the same.

**Job** Performance is (if working): More tolerable / Less tolerable /worse / the same.

**Sleep** Patterns are: More tolerable / Less tolerable /worse / the same.

**Working status of**: Full-time / Part-time / Self-employed / Seeking employment / Unemployed / Homemaker / Retired / Disabled / Seeking disability / Going to school

**Follow-up Appointment in**: Four weeks / Two weeks / Three weeks / Six weeks / Eight weeks / Twelve weeks / Several weeks after procedure / Yet to be determined / Discharge\_\_\_\_\_\_\_\_