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

**PATIENT NAME**: [Title]

**DATE OF BIRTH**: [Publish Date]

**DATE OF EVALUATION**: 05/ \_\_ /2025

**DATE OF DICTATION**: 05/ \_\_ /2025

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

**Provider**: [Author]Choose an item.

**Referring Physician**:

**Insurance**: Choose an item. Choose an item.

**Location**: Choose an item.

**CMA**: Choose an item.

**Room #**:

**CHIEF COMPLAINT**: The patients worst pain complaint today is located in their Choose an item., 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: Choose an item.

**Activity** level/functioning is: Choose an item.

**Social** Relationships are: Choose an item.

**Job** Performance is (if working): Choose an item.

**Sleep** Patterns are: Choose an item.

**CHARACTERISTICS OF PAIN INCLUDE:**

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

**Qualitatively** it is: Burning, stabbing, shooting, touch-sensitive, numb, tingling, dull, aching, throbbing, sharp with movement, non-localized, deep, crampy, pressure, squeezing.

**Numeric** Scale rating of (?/10): Average: Choose an item./10. Best: Choose an item./10. W/meds: Choose an item./10. W/o meds: Choose an item./10.

**Social Hx** significant for:

**Working status of**: Choose an item.

**REVIEW OF SYSTEMS**:

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

Allergies to new Meds/Foods: No. Worsening Weakness in limbs: No.

Hives and Itchy skin: No. Worsening Sensation in limbs: No.

Sneezing: No. Numbness/tingling sensations: No.

Hay fever: No. Loss of Bowel or Bladder: No.

Red & Itchy eyes: No New convulsions or seizures: No.

**Patient Compliance with Treatment Plan**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Yes** | **No** | **N.A.** | **Comments** |
| U-tox and/or Pill Count O.K.? | Yes | No | N.A. |  |
| KASPER report O.K.? |  |  |  |  |
| Participates in PT or home exercise prgm |  |  |  | At home \_\_\_\_. Number of sessions done: \_\_\_\_ |
| Ordered imaging studies completed |  |  |  |  |
| Participated in Weight Loss Prgm |  |  |  | Choose an item. \_\_ lbs. BMI: \_\_. Weight: Choose an item. |
| Participated with Counselor if recommended |  |  |  |  |

**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**:

Choose an item. muscle tenderness

Choose an item. Joint tenderness

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

Choose an item. decrease in gross movement

**Comments**:

**Sensory** changes: (paresthesia and numbness) occur Choose an item. right/left L3, L4, L5, S1, S2, C6, C7, C8, T1 and T2 \_\_\_\_\_\_\_\_\_\_\_\_

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

Cervical / Thoracic / Lumbar **ASSESSMENT**: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Follow-Up Plan**:

F/u severity of non-compliance per history is: Choose an item.

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. Later schedule **lumbar** Choose an item. \_\_\_\_\_\_\_\_ lumbar medial branch blocks at L3/4, L4/5 and L5/S1.
3. Later schedule **lumbar** Choose an item. \_\_\_\_\_\_\_\_ radiofrequency ablation at L3/4, L4/5 and L5/S1.
4. Later schedule **cervical** Choose an item. \_\_\_\_\_\_\_\_ cervical medial branch blocks at C5/6, C6/7 and C7/T1.
5. Later schedule **cervical** Choose an item. \_\_\_\_\_\_\_\_ radiofrequency ablation at C5/6, C6/7 and C7/T1.
6. 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.
7. 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.
8. \_\_\_\_\_Later schedule midline epidural steroid injection at \_\_\_\_\_\_\_
9. \_\_\_\_\_Later schedule midline caudal block.
10. \_\_\_\_\_Later schedule **ESI** TFESI at Choose an item.\_\_\_\_\_\_\_
11. \_\_\_\_\_Later schedule hip injection intra-articularly at Choose an item.\_\_\_\_\_\_
12. \_\_\_\_\_Later schedule trochanteric bursa hip injection at Choose an item.\_\_\_\_\_
13. \_\_\_\_\_Later schedule knee injection intra-articularly at Choose an item.\_\_\_\_\_\_
14. \_\_\_\_\_Later schedule subacromial shoulder injection at Choose an item.\_\_\_\_\_\_
15. \_\_\_\_\_Later schedule shoulder injection intra-articularly at Choose an item.\_\_\_\_\_\_
16. \_\_\_\_\_Later schedule SCS trial lumbar
17. \_\_\_\_\_Later schedule SCS implantation lumbar
18. \_\_\_\_\_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**: Choose an item.\_\_\_\_\_\_\_\_

[Author] 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

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RK/

05/ 20/2025