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

**PATIENT NAME**: {{patientName}}

**DATE OF BIRTH**: {{dob}}

**DATE OF EVALUATION**: {{dateOfEvaluation}}

**DATE OF DICTATION**: {{dateOfEvaluation}}

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

**Provider**: {{provider}}

**Referring Physician**: {{referringPhysician}}

**Insurance**: {{insurance1}} {{insurance2}}

{{insurance}}

**Location**: {{location}}

**CMA**: {{CMA}}

**Room #**: {{roomNumber}}

**CHIEF COMPLAINT**: {{chiefComplaint}}

**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**: {{temporally}}

**Qualitatively** it is: {{qualitatively}}

**Numeric** Scale rating of (?/10): {{numericScale}}

**Social Hx** significant for:

**Working status of**: {{workingStatus}}

**REVIEW OF SYSTEMS**:

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

{{allergic\_symptom\_1}}. {{neurological\_symptom\_1}}.

{{allergic\_symptom\_2}}. {{neurological\_symptom\_2}}.

{{allergic\_symptom\_3}}. {{neurological\_symptom\_3}}.

{{allergic\_symptom\_4}}. {{neurological\_symptom\_4}}.

{{allergic\_symptom\_5}}. {{neurological\_symptom\_5}}.

**Patient Compliance with Treatment Plan**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Yes** | **No** | **N.A.** | **Comments** |
| U-tox and/or Pill Count O.K.? | {{tox\_count\_yes}} | {{tox\_count\_no}} | {{tox\_count\_na}} | {{tox\_count\_comment}} |
| KASPER report O.K.? | {{kasper\_yes}} | {{kasper\_no}} | {{kasper\_na}} | {{kasper\_comment}} |
| Participates in PT or home exercise prgm | {{pt\_yes}} | {{pt\_no}} | {{pt\_na}} | {{pt\_comment}} |
| Ordered imaging studies completed | {{imaging\_yes}} | {{imaging\_no}} | {{imaging\_na}} | {{imaging\_comment}} |
| Participated in Weight Loss Prgm | {{weightloss\_yes}} | {{weightloss\_no}} | {{weightloss\_na}} | {{weightloss\_comment}} |
| Participated with Counselor if recommended | {{counselor\_yes}} | {{counselor\_no}} | {{counselor\_na}} | {{counselor\_comment}} |

{{comments}}

**PHYSICAL EXAMINATION**:

**Vitals**: {{vitals}}

**General appearance** is: {{generalAppearance}}

**Orientation** to person, place, and time is: {{orientation}}

**Mood and Affect** are: {{moodAffect}}

**Gait** is: {{gait}}

**Station** (stance) is: {{stationStance}}

**Cardiovascularly** ankle swelling is: {{cardoVascularly}}

**Lymphadenopathy** in the cervical and or inguinal lymph node chain is? {{lymphadenopathy}}

**Coordination and Balance** shows Romberg test is: {{coordinationBalance}}

**Motor Function**: {{MotorFunction}}

{{sectionTwo}}

{{earlier\_followups}}

{{docSections}}

end

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:**

{{establishedComplaintsText}}

{{assessment\_codes}}

**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

{{followup\_plan}}

{{followUpPlan}}

**Follow-Up Plan**:

F/u severity of non-compliance per history is: {{nonComplianceSeverity}}

{{actionTaken}}

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**:

{{udtStatus}}

{{unexpectedUTox}}

{{pillCount}}

{{ptEval}}

{{imaging}}

{{xrayOf}}

{{behavioralFocus}}

{{referral}}

**MEDICATION MANAGEMENT**:

{{medicationOutput}}

{{INJECTION\_SUMMARY}}

**INJECTIONS:**

1. Now / Later schedule right / left / right to left / left to right /bilateral \_\_\_\_\_\_\_\_ lumbar medial branch blocks at L3/4, L4/5 and L5/S1.
2. Later schedule right / left / right to left / left to right /bilateral \_\_\_\_\_\_\_\_ radiofrequency ablation at L3/4, L4/5 and L5/S1.
3. Later schedule right / left / right to left / left to right /bilateral \_\_\_\_\_\_\_\_ cervical medial branch blocks at C5/6, C6/7 and C7/T1.
4. Later schedule right / left / right to left / left to right /bilateral \_\_\_\_\_\_\_\_ radiofrequency ablation at C5/6, C6/7 and C7/T1.
5. Later schedule right / left / right to left / left to right /bilateral\_\_\_\_\_\_\_\_ 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.
6. Later schedule right / left / right to left / left to right /bilateral\_\_\_\_\_\_\_\_ 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.
7. Later schedule midline epidural steroid injection at \_\_\_\_\_\_\_
8. Later schedule midline caudal block.
9. Later schedule TFESI at right / left / right to left / left to right /bilateral\_\_\_\_\_\_\_
10. Later schedule hip injection intra-articularly at right / left / right to left / left to right /bilateral
11. Later schedule trochanteric bursa hip injection at right / left / right to left / left to right /bilateral
12. Later schedule knee injection intra-articularly at right / left / right to left / left to right /bilateral
13. Later schedule subacromial shoulder injection at right / left / right to left / left to right /bilateral
14. Later schedule shoulder injection intra-articularly at right / left / right to left / left to right /bilateral
15. Later schedule SCS trial lumbar
16. Later schedule SCS implantation lumbar
17. Later schedule trigger point injection \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
18. \_\_\_\_\_\_\_\_\_\_\_\_\_\_

{{otherPlans}}

**Other Plans:**

1. {{otherPlans}}

{{formattedLines}}

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**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**: {{followUpAppointment}}

{{provider}} {{signatureLine}}

**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/

{{dateTranscribed}}

**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\_\_\_\_\_\_\_\_