**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}}

**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: {{qualitativePain}}

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

**Social Hx** significant for:

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

{{comments}}

**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}} |

{{intervalComments}}

**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: {{cardiovascular}}

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

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

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

{{earlier\_followups}}

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

{{establishedComplaints}}

**ASSESSMENT**:

{{assessment\_codes}}

**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**:

{{medication\_management}}

**INJECTIONS:**

{{INJECTION\_SUMMARY}}

**Other Plans:**

{{signature.otherPlans}}

{{signature.formattedLines}}

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**: {{signature.followUpAppointment}}

{{provider}} {{signature.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

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RK/

{{signature.dateTranscribed}}