

Dr. Hu Follow Up Form

*Patient Name & DOB: _____

*Room Number: _____

*Current Pain Level (1-10): _____

*Reason for your follow up visit today (please write an "X" below where it is most accurate) :

_____ I recently started a medication and want to discuss if I should stop, continue, or increase the dose on this medication.

_____ I recently stopped a medication and would like to discuss further treatment options.

_____ I recently completed or stopped Physical Therapy or Chiropractic treatments, and would like to discuss the next step or further treatment options.

_____ I had an injection done recently and would like to discuss my outcome and future treatment options.

_____ I had an injection done a while ago (over 3 months ago) which worked and would like to discuss possibly repeating it since the same pain is happening again.

_____ It is something else (Explain briefly below, if you'd like):

*If you need a refill for any medication(s) Dr. Hu prescribed, please write them below (Please list medications ONLY prescribed to you by Dr. Hu)

Name of medication(s) : _____