PROLIANCE SURGEONS®

OPA ortho™

FOLLOW-UP EVALUATION FORM

Sara Jurek, M.D.

seattleshoulderdoc.com | sarajurekmd.com

Name_____ Age_____ Date _____

Body part being seen for today: right/left_____

Since your last visit, are you ____better ____same ____worse

Current symptoms_____

Current pain level (no pain) 0 1 2 3 4 5 6 7 8 9 10 (worst pain)

Current medications for this condition_____

Current treatment_____

Percent back to full activity level due to this condition_____

Back to which sport(s) currently?_____ __Full __Modified

Back to work? _____ __Full duties __Light duties

Current goals _____

List any changes in your health since your last visit _____

_____