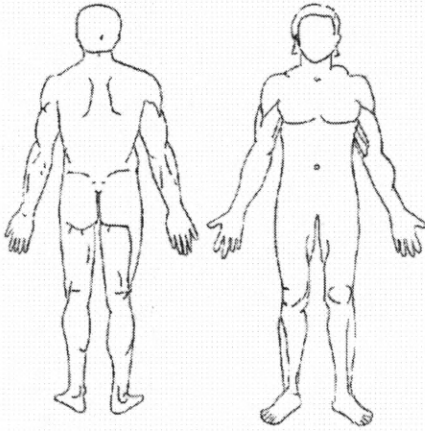


Patient Name:

Date:

Please color in areas that you have pain



O Telemed Note

- Dull ache, sharp
Burning, Stiff
Cold, hot, tightness
Off and on, shooting
Muscle spasm
Electrical, entire body
Worse in the morning
Worse in the afternoon
Worse in the evening
Worse at night
Pain constant
#1 pain draw line to
#2 pain draw line to
When did pain begin or increase?

Please circle on the line how

severe your pain is today?

No pain 0 1 2 3 4 5 6 7 8 9 10 Worst pain

What causes your pain to increase?

Sitting, standing, walking, twisting, bending, lifting, moving neck.

What causes your pain to decrease?

Sitting, standing, walking, laying down, injections, laser, medications

How much did your pain decrease after the last injection or treatment?

Body Location? Date of injection:

Please circle: 0 10 20 30 40 50 60 70 80 90 100%

Please circle what activities you can do.

Walk (less than 5 min) 5, 8, 10, 15, 20, 30, 45, 60 unlimited grocery shop, house work, cook meals, do dishes, yard work, drive.

How many days have you missed last month due to pain? ___

O I do not work outside the home.

Please circle if you had problems with:

- Feeling too sleepy, problems sleeping, constipation, diarrhea, weakness in the hands, arms or legs, dizziness, headaches, Difficulty urinating, kidney problems, liver problems easy bruising, fever, cough, shortness of breath, exposure to sick people, decreased taste or smell appetite, irregular heartbeats, leg swelling, problems after injections.

Have you stopped or started any new medications?

Please list any changes: No Changes: _____

Please circle and indicate how many you take per day? NONE

Tobacco products, Tylenol, Advil, Ibuprofen, Naproxen, Aspirin, Warfarin, Coumadin, Pradaxa, Fish or Flaxseed oil.

Do you take any blood thinners or Aspirin? Yes No

Have you been prescribed antibiotics in the last 2 weeks? Yes No

Your email address:

Your Cell phone number:

What would you like to discuss with Dr. Suelzle today?

Medication problem, procedure questions, O Same RX

I need a refill on my medications. (please list)

Height inches _____ Weight _____

BP _____ Pulse _____

RR _____ Temp _____

O Billed O Note O Scanned this form to pp

O ERX Sent Date 2022

Last ERx Date _____

O same pharmacy O new

Urine drug screen last done date _____

Urine drug screen ordered mailed _____

Patient activity report last done date _____

Norco 10/325 5/325 _____ # per month

Percoet 10/325 5/325 _____ # per month

MS IR Contin 15 30 _____ # per month

Oxycodone IR CR 10 30 _____ # per month

Fentanyl patch 12 25 mcg Q 48 72 hours 10 15/month

Methadone 10 5 mg _____ # per month

Gabapentin 300 400 600 mg _____ # per month

Restoril 15 mg _____ # per month

Ambien 5 10 mg _____ # per month

Xanax 0.25, 0.5 mg _____ # per month Valium

Supplements: Dr S R-Recommended T-currently taking

O No changes O Patient declines help with supplements

XLear Nasal Spray Xylitol, Grapefruit seed kills Covid-19

2 pack on Amazon for 18.99. use every 12 hours.

Country Life Vitamin D3 5,000 units 1 2 3 4 per day

Life extension Magnesium 500 mg 1 2 per day

Life Extension K2 supplement (only if not taking blood thinner)

Garden of Life raw Zinc 1 per day

Dr Best Vitamin C 1,000 mg 1 2 3 4 per day

Vitacost 15-35 Probiotics 1 2 3 4 per day

Now "brand" D- Mannose 500 mg 1-3 twice per day and to stop all artificial sweeteners

due to history of chronic recurrent urinary tract infections

Alert to All: President, Day of week, month, holiday, Dr S office City, Calm, Cooperative, tearful, upset, poor historian, Filled out Dr S / Grace, Spanish translated by Grace,

No slurred speech, mild, moderate severe pain behavior.

No Coughing/wheezing/short of breath O Same Diagnoses

ADEQ. CONTROL, INADEQ. IMPROVED, RESOLVED

Diagnosis: LDD, LUSM, TLM, LSS, LSTenosis, CDD, CTM, TN, MTH,

RShoulderM, LShoulderM, RHanaM, LHM, ThoracicRM, TLumbM, RLLowerLeg,

LLowerLeg, RAFootM, LAFootM, RTlughM, LTlughM, HipSE, INTerostal, ChestAWP,

AbdominalBP, PHerpeticN, PorsoralN, PaticPFemale, TMMjaw,

ComplexRUpperExt, RightComplexRLeg, LeftComplexRLeg.

Text or call Grace at 909-981-0608

for appointments, or questions.

Please fill out email back to gsuelzle@protonmail.com. Or mail to office 4 days before. Or text, back a flash picture of this to Dr Suelzle

909-276-8845 2-3 days before due for a 30 day refill, then Dr Suelzle will call to discuss. (Fax back at 909-982-5327)

O Tobacco education provided. O Anti-inflammatory diet texted.

O Cough/Nasal Congestion treatment info texted.

O Blender Kahl/Apple/Berry smoothie instructions texted.

O Dr S recommends trigger point injections in the office,

Patient (O agrees / O declines.)

O Patient advised risk of overdose, DUI, traffic accident, falls, fractures if

taking pain, anxiety, sleep and cold medications.,

Please add to diagnostic: X-ray report, MRI report, Urine drug screen

report. Patient text summary To note. gsuelzle MD 4-29-2022