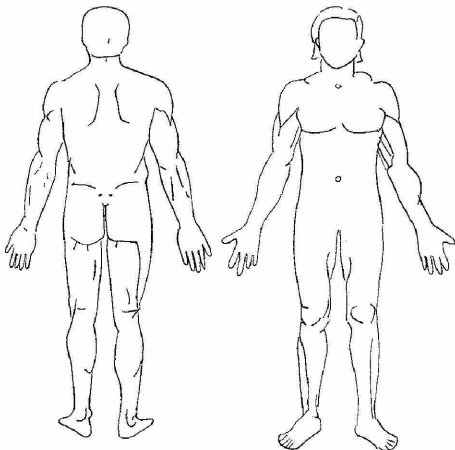


**Patient Name:**

**Date:**

**O Only injection note required**

Please color in areas that you have pain



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 \_\_\_\_\_ Worst pain \_\_\_\_\_  
0 1 2 3 4 5 6 7 8 9 10

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,  
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**

Please text back a picture of this 2-3 days before due for a refill

To Dr Suelzle 909-276-8845

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

problem, procedure questions, O same refills

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

**Follow up Visit Injection Only**

Height inches \_\_\_\_\_ Weight \_\_\_\_\_  
BP \_\_\_\_\_ Pulse \_\_\_\_\_  
RR \_\_\_\_\_ Temp \_\_\_\_\_

**O Billed O Note O Scanned this form to paperport**

**O ERX Sent Date -**

O same pharm O new Last ERX Date - 202

12p last date - -202 ordered: - -202

Norco 10 5 Percocet 10 5 MS IR Contin 15 30

Oxycodone IR CR 10 30 Methadone 10 5 Gabapentin 300

Urine drug screen last done \_\_\_\_\_ ordered-mailed \_\_\_\_\_

Patient Activity Report last done \_\_\_\_\_

**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, Family member:

mild, moderate severe pain behavior. **Tender areas circled:**

**Head/Neck:** Full ROM decreased R L, Occipital R L C3 4 5 6 7 T1

R L Supraorbital, R L supratrochlear nerve Cigarette odor: strong, Eyes:

Sclera clear, pupils 3 2 4 1 mm **Heart:** RRR, murmur, irregular

**Lung** CTA, wheezes, poor air moved, Wet cough.

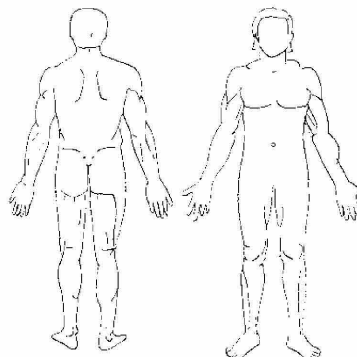
**Upper Extremity:** Normal increased decreased muscle bulk,

R L biceps muscle atrophy. **Shoulder** R L Ant, Post AC joint, Subdeltoid  
bursa, medial scapular, Can raise hands above head, to shoulder with out pain.

R L hand arthritis, **Legs:** R L straight raising pain, **Knee** R L medial lat,  
subpatellar, **Foot** R L swelling, pain Back: R L PIS, Iliac crest, R L sacral

**Post** Midline T1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, L1 2 3 4 5 S1

R L Superior/Medial Cluneal nerve tenderness, **Lumbar facet R L L2 3 4 5 S1**  
pain extension, pain flexion, **Chest: R L Sternal Abdomen: R L Flank**



**R L** increased decreased bowel  
sounds

**Painful Scars:**

**Neuro: Strength: Normal**

decreased R L biceps, triceps,  
quads, toe up down, Decreased

Increased reflex Biceps R L

L4 S1 **Sensation:** Normal

Decreased R L face, hand,

arm, legs, calf, foot. **CN** all

normal.

**O Same Diagnoses**

Diagnosis: MYA, MYAN,

MYAO, LDD, LUSM, TDD, LM, LSS, LSTenosis, CDD, CTM, TN,  
MTH, RShoulderM, LShoulderM, RHandM, LHM, ThoracicRM, TLumbM,  
RLowerLeg, LLowerLeg, RAFootM, LAFootM, RThighM, LThighM, HipSE,  
INTercostal, ChestAWP, AbdominalBP, PHerpeticN, PeriphealN, PelvicPFemale,  
TMMjaw, ComplexRUpperExt, RightComplexRLeg, LeftComplexRLeg,  
Fibromyalgia M79.7, Covid U071, Asthma J45-981 IBS K58.0, Kidney Dz N18.9, Bil  
Osteo Knee M17.0, Restless Leg G25.81

**O Injection performed today. Laser today 15 20 minutes at**

\_\_\_\_ mls Sarapin, \_\_\_\_ mls Lidocaine, \_\_\_\_ mg Dexameth, \_\_\_\_ mls Dextrose

**Needle 25 g: 5/8 1 1 1/2 2 inch, 21 G 1 1/2, # \_\_\_\_\_ TPI**

**Joint injection Y N A cold pack Occipital:** R L Bil

**High occipital TPI** Post lumbar midline L 1 2 3 4 5 S1

Paravertebral L2 3 4 5 S1 PIS Iliac crest R L Superior/Medial

Cluneal nerve x 2, R L Medial branch nerve L3, L4 **Cervical:** 3 4 5 6

7 T1 T2 T3 T4 midline **R L Thoracic** 1 2 3 4 5 6 7 8 9 10 11 12

**Shoulder** R L ant post trigger point injections, post joint, subdeltoid  
bursa, R L Medial Scapula tpi R L AC joint

**Thigh** R L Bil R L **GTB** Medial Lateral Calf

R L Medial Lateral Knee Hip Joint

CAD, CESI, R L BILATERAL LUMBAR FACET INJECTIONS L3-S1

Radiofrequency R L L1 L2 L3-S1 gks MD 4-1-2024