

David A. Wang, MD

Follow-Up/New Problem Visit

Name	Date		Age	
Chief Complaint				
Date of injury or onset of sympton	ms		-	
Describe the injury or problem				
Have there been any changes in your medications?	our health since your last visit su	ch as new med	ical problems or changes to your	
Current Medications:				
Allergies:				
Where is your pain? Please mar	k the drawing.			
		Rate Your Pain:		
\ \	\$ }	0 = No pain	10 = Extreme pain	
		1 D' 1.	0 1 2 3 4 5 6 7 8 9 10	
		 Right now At best 		
		3. At worst		
WW WWW	land host	4. What make	s it better?	
	\ \ \ \			
		5. What make	s it worse?	
Signed by Patient			Date:	
Office only: Reviewed by:			Date:	