

Follow-up Injection/Procedure

Patient Name: _____

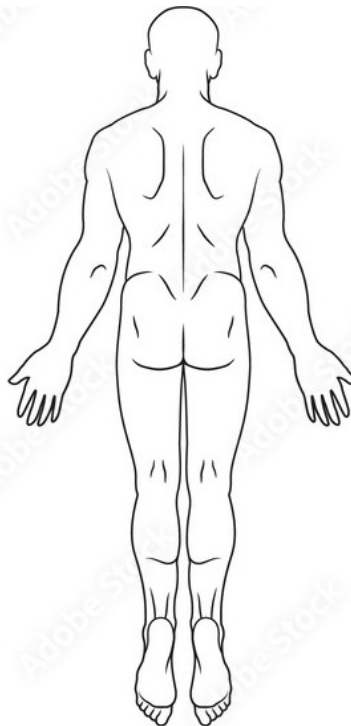
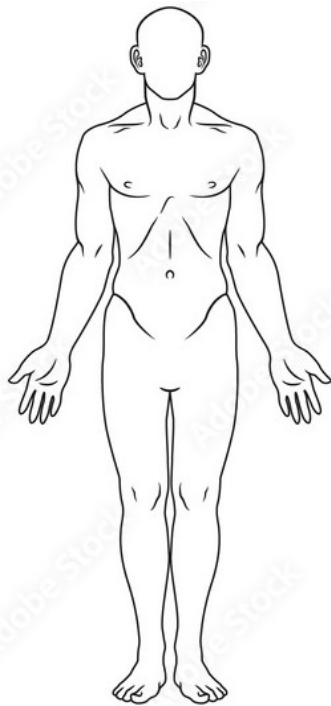
Date of Birth: _____

Date of injection: _____

Type of injection/ procedure? (Hymovis/PRP/Cortisone/Wharton's Jelly/Tenex):

Location of Injection/Procedure (Circle/Mark):

Which side? Left Right Both



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Have you had Physical Therapy? Yes____ No____

If yes, how many sessions/ times per week: _____

Which Physical Therapy Facility? _____

Have you improved? _____

Percentage of improvement (Circle): _____

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

What symptoms have improved? _____

Scale of 1 – 10 with 10 being the worst

Pain at its worst: 1 2 3 4 5 6 7 8 9 10

Pain at its best: 1 2 3 4 5 6 7 8 9 10

What symptoms are still bothering you? _____

When do these symptoms occur? (Morning/ Night/ Sports/ Etc.) _____
