

Are you here to see: [] Dr. Viere [X] Dr. Park [] P.A.

Name: Robert Pluck Date: 11/11/2013 Allergies: _____

Initial injury caused by: ***ON THE JOB INJURY***: YES or NO (please circle one)

[] Unknown [] Fall [] Lifting [X] MVA on 01/25/2013 Driver or Passenger (please circle one)

- [X] Here for recheck/follow up
[X] Here for Medication Refills
[] Here for referral for my insurance co.
[X] Need a work/school release or excuse
[] Need the attached forms filled out
[] Here for test results: MRI Myelo/CT Discogram FCE Bone Scan EMG (please circle one)

Other concerns I would like to discuss:

Need Physician Statement of Work
Disability - Limitations

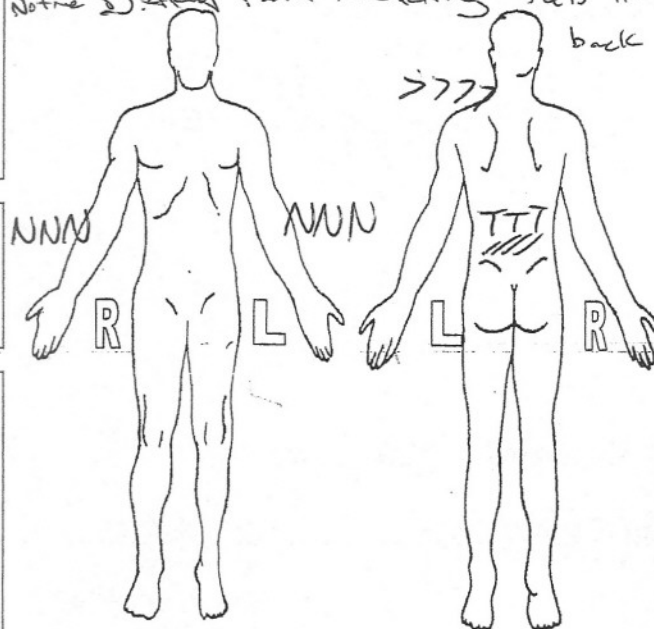
Discuss Pain Management - some Meds - or
Discogram Value

CHIEF COMPLAINT: Please X, check or circle all the items that apply below and mark the drawing using the key.

Mark all that apply:

Key: Ache/Sore: >>>> Dull: DDDDD Sharp: SSSSS
Throbbing: TTTT Numb: NNNN Cramping: CCCC
Pressure: PPPP Tingling: xxxx Pins/Needles: oooo
Stabbing: ///// Burning: BBBB Shooting: +++++

Notre D. Pain meaning - feels like burning in
back bone



Front

Back

Pain is worse with: (check all that apply) [] Bending to brush teeth [X] Activity [] Rest [] Coughing [] Soft Chair [] Hard Chair
[] Doing Homework [] Lying on side with knees bent [] Riding in car [] Driving Car [] Computer/TV [] Overhead Work

PMH: Since last office visit: New medical problems (none)

New Surgeries (none)

New Medications (none)

New Allergies (none)

Tattoos: # _____ On blood thinner: ASA PLAVIX COUMADIN LOVENOX AGGRENOX

FMH: New family medical history (none)

Environmental: Exposure to 2nd hand smoke at home: YES NO

Social History: Alcohol (none) _____ Tobacco (none) _____ Packs per day _____/_____ years Quit _____

History of alcohol addiction: _____ History of drug addiction: _____

Working: [] Full time [] Part time [] Student [] Retired [] Medical Leave [] Disabled [] Homemaker

ROS: Change in bowel/bladder control: (none) have to urinate quickly once urge is present
Any: [] Weight Gain _____ lbs. [] Weight loss _____ lbs. [] Fever [] Chills [] Rash [] Shortness of Breath
[] Chest Pain [] Numbness/Tingling in extremities [] Joint Pain [] Visual Problems [] Difficulty Swallowing cannot wait
very long