

FOLLOW-UP FROM YOUR VISIT



American Chronic Pain Association

It is important that after your appointment with me you follow through with what we discussed during your visit. I have provided you with this simple guide to ensure that you complete all the treatments/advice/recommendations. Keep in mind that you play a significant role in your health care.

Name: _____

Date: _____ Diagnosis: _____

Other Treatment: _____

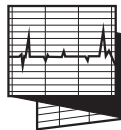
Tests:



X-Ray



Lab Test



EKG



Nerve Conduction Study



Stress Test



MRI

Treatments:



Medications



Diet / Weight Loss



PT / Massage



Acupuncture

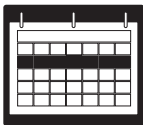


Counseling

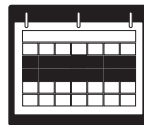


Nerve Blocks

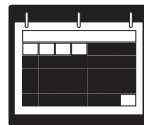
Follow-up:



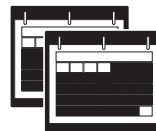
One Week



Two Weeks



One Month



Two Months



Six Months



Call

Restrictions:



No Smoking



No Lifting



No Workouts



No Sun



Stay off your feet



No Driving

Diet:



No Spicy Food



No Dairy



No Salt



No Caffeine



No Alcohol



No Sweets

Recommendations:



Exercise



Walking



Swimming



Stationary Bike



Bed Rest



Classes &/or ACPA Groups