

# McLaren Flint Pain Clinic Follow-up Form

**Your Next Visit is for:** \_\_\_\_\_

Return visit in: \_\_\_\_\_

Can be seen by NP

Interventional Procedure  
(See Below)

**Your next Appointment/Procedure date and time is:** \_\_\_\_\_

**Please check the box that applies with side and levels:**

<input type="checkbox"/> Epidural Steroid Injection:	<input type="checkbox"/> Cervical	<input type="checkbox"/> Thoracic	<input type="checkbox"/> Lumbar	<input type="checkbox"/> Caudal	<input type="checkbox"/> Caudal with RACZ	
	Level _____					
<input type="checkbox"/> Transforaminal Epidural Steroid Injection:	<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> Bilateral	<input type="checkbox"/> Lumbar	<input type="checkbox"/> Sacral -1	
	Level _____					
<input type="checkbox"/> Facet Injections MBB:	<input type="checkbox"/> Cervical	<input type="checkbox"/> Thoracic	<input type="checkbox"/> Lumbar	<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> Bilateral
	Level _____					
<input type="checkbox"/> Facet RFA-MB:	<input type="checkbox"/> Cervical	<input type="checkbox"/> Thoracic	<input type="checkbox"/> Lumbar	<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> Bilateral
	Level _____					
<input type="checkbox"/> S-I Joint Injection:	<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> Bilateral			
<input type="checkbox"/> S-I Joint RFA:	<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> Bilateral			
<input type="checkbox"/> Knee/ Shoulder/ Hip Injection:	<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> Bilateral			
<input type="checkbox"/> Trigger point Injection:	<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> Bilateral	_____ (location)		
<input type="checkbox"/> MILD Procedure						
<input type="checkbox"/> IT Pump Refill						
<input type="checkbox"/> Lidocaine / Ketamine Infusion						
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> Bilateral			

**If boarded for a procedure, please hold the following medications ONLY after getting approval from your Primary Care/ Physician / Cardiologist:**

- \_\_\_\_ Prior to procedure hold Plavix / Effient / Aggrenox / Ticlid for seven days
- \_\_\_\_ Prior to procedure hold Coumadin / Pradaxa / Brilinta / Aspirin for five days
- \_\_\_\_ Prior to procedure hold Arixtra (fondaparinux) /NSAIDS (Motrin, Advil, Aleve, Naprosyn) for four days
- \_\_\_\_ Prior to procedure hold Xarelto / Eliquis / Pletal for three days.
- \_\_\_\_ Prior to procedure hold Heparin for 4H and Low molecular Heparin dose 40mg and above hold for 24H.
- \_\_\_\_ Nothing by mouth after midnight for procedures scheduled prior to noon Nothing by mouth after 7 AM for procedures scheduled at or after 1 PM.
- \_\_\_\_ Other: \_\_\_\_\_



PT.

MR.#/P.M.

DR.

