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 a	nd time is:					
Please check the box that applies with side and	levels:					
Epidural Steroid Injection:	Cervical	Thoracic	Lumbar	Caudal	Caudal v	vith RACZ
Transforaminal Epidural Steroid Injection:	Level Right Level	Left	Bilateral	Lumbar	Sacral -1	
Facet Injections MBB:	Cervical	Thoracic	Lumbar	Right	Left	Bilateral
Facet RFA-MB:	Cervical Level	Thoracic	Lumbar	Right	Left	Bilateral
S-I Joint Injection:	Right	Left	Bilateral			
S-I Joint RFA:	Right	Left	Bilateral			
Knee/ Shoulder/ Hip Injection:	Right	Left	Bilateral			
Trigger point Injection:	Right	Left	Bilateral _		(loca	ation)
MILD Procedure						
IT Pump Refill						
Lidocaine / Ketamine Infusion						
Other:				Right	Left	Bilateral
If boarded for a procedure, please hold the for Primary Care/ Physician / Cardiologist:	ollowing medica	ations ONLY a	ifter getting a	oproval from y	your	
Prior to procedure hold Plavix / Effient / Aggrenox / Ticlid	for seven days					
Prior to procedure hold Coumadin / Pradaxa / Brilinta / As	pirin for five days					
Prior to procedure hold Arixtra (fondaparinux) /NSAIDS (N	lotrin, Advil, Aleve, Na	aprosyn) for four da	ays			
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 sched	duled prior to noon N	lothing by mouth a	fter 7 AM for proce	dures scheduled at	or after 1 PM.	
Other:						



PT.

MR.#/P.M.

MH.#/P.M

McLaren Flint

SURGERY AND **ENDOSCOPY** CENTER PAIN CLINIC

Discharge Instructions:

- 1. Following your procedure, you may resume all prior medication you were taking. If you are diabetic, monitor your glucose levels closely for the next 24 hours. You may take medication prescribed by the physician as needed for pain.
- 2. Resume your normal diet. Drink plenty of fluids.
- 3. Do not take a bath or soak in a tub for 3 days after your procedure. You may shower.
- 4. If you experience any local soreness today at the injection site, you may use ice for 20 minutes on and 30 minutes off. Do not apply ice directly to skin. (Cover ice bag with a light cloth).
- 5. If, after 24 hours, you experience any of the following, please contact the Pain Clinic during regular business hours (7 am - 3:30 pm) at 810-342-4881 or go to the nearest hospital Emergency Department: Tingling, numbness, excessive weakness if your legs, fever, or severe headache/incontinence.
- 6. Band-Aids should be removed within 12-24 hours after the injection unless otherwise instructed.
- 7. Do not drive a motor vehicle or operate power equipment for the remainder of the day.
- 8. Do not get up unattended or take a shower for the remainder of the day.
- 9. (check here if patient had sedation. If so the following applies) Do not drive a motor vehicle or operate power equipment for the remainder of the day.
- 10. If you do not have a follow up appointment/procedure scheduled or if you have any other questions of concerns, please contact McLaren Flint Pain Clinic at 810-342-4881.

11. Follow up with the Pain Clinic in weeks/next available for follow up or

repeat procedure. 12. SpecialInstructions:			
I have been instructed in and I unde	erstand the above information.		
Patient's Signature	Date	Time	

Nurse's Signature	Date	Time		
Physician's Signature	Date	Time		

