



**ORTHOPEDIC SURGERY**  
SPINE ESTABLISHED PATIENT VISIT

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

M.A. Signature: \_\_\_\_\_ Date of injury/symptoms: \_\_\_\_\_

Vital Signs: Pulse: \_\_\_\_\_ BPM SPO: \_\_\_\_\_ Temp: \_\_\_\_\_ B/P: \_\_\_\_\_ mmHg

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ lbs Current Smoker Y / N

BMI: \_\_\_\_\_  Overweight 25-29  Obese >30  Morbid Obesity >40 Pain Scale \_\_\_\_\_ /10

Nutritional counseling offered: Y / N  Accepted  Denied Able to perform ADL's Y or N

Chief Complaint: \_\_\_\_\_

Spine Established Problem Patient Visit

HPI: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Physical Exam: \_\_\_\_\_ Assessment: \_\_\_\_\_

Alert, Appropriate, No acute distress \_\_\_\_\_

Hoffman: + / - L / R Clonus: + / - L / R \_\_\_\_\_

Incision: Clean, Dry, Intact \_\_\_\_\_

Strength testing: \_\_\_\_\_

/5 Shoulder abduction /5 Hip flexion \_\_\_\_\_

/5 Elbow flexion /5 Knee extension \_\_\_\_\_

/5 Wrist extension /5 Ankle plantarflexion \_\_\_\_\_

/5 Finger abduction /5 Ankle dorsiflexion \_\_\_\_\_

/5 Grip /5 Toe extension \_\_\_\_\_

Notes: \_\_\_\_\_ Notes: \_\_\_\_\_ Plan: \_\_\_\_\_

Sensation: \_\_\_\_\_

Intact to all distributions Intact to all distributions \_\_\_\_\_

- upper bilaterally - lower bilaterally \_\_\_\_\_

Diminished upper Diminished lower \_\_\_\_\_

Notes: \_\_\_\_\_ Notes: \_\_\_\_\_

Digital Imaging review: \_\_\_\_\_

Images reviewed Findings: \_\_\_\_\_

Report reviewed \_\_\_\_\_

\_\_\_\_\_

Patient verbalized an understanding of information discussed and instructions given at appointment: (Initial) \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_