

Are you here to see: ☐ Dr. Viere ☐ Dr. Park ☐ Dr. Carl ☐ P.A.

Name: Robert Plack Date: 04/25/2014 Allergies: \_\_\_\_\_

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

☐ Unknown ☐ Fall ☐ Lifting ☐ MVA on 1/25/2013 Driver or Passenger (please circle one)

☒ Here for recheck/follow up

☒ Here for Medication Refills

☐ Here for referral for my insurance co.

☐ 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) 2nd

Other concerns I would like to discuss: side effects  
Vision? / Right Leg -  
Feel off Center / Like my  
equilibrium is turned slightly  
to the left. Right Ear has had fluid

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: PPPPP Tingling: XXXX Pins/Needles: oooo  
Stabbing: IIIII Burning: BBBB Shooting: +++++

Are you getting:

☒ Better

☐ Worse

☐ Unchanged

Pain is:

☐ Constant

☒ Good/Bad Days

Pain is better when:

☐ Lying

☐ Sitting

☒ Standing

☒ Walking

☐ Leg elevation

☐ Arm Elevation

☒ Changing Position

☐ Heat

☐ Cold

Dominant Hand:

☒ Right ☐ Left

Height: 5' 11"

Weight: 195 lbs.

Neck Pain: Circle Level

1 2 3 4 5 6 7 8 9 10

Minor Moderate Severe

Pain in arm(s)

☐ worse than

☐ same as

☒ less than

Pain in Neck

Upper Back Pain:

Circle Level

1 2 3 4 5 6 7 8 9 10

Minor Moderate Severe

Lower Back Pain: Circle Level

1 2 3 4 5 6 7 8 9 10

Minor Moderate Severe

Pain in leg(s)

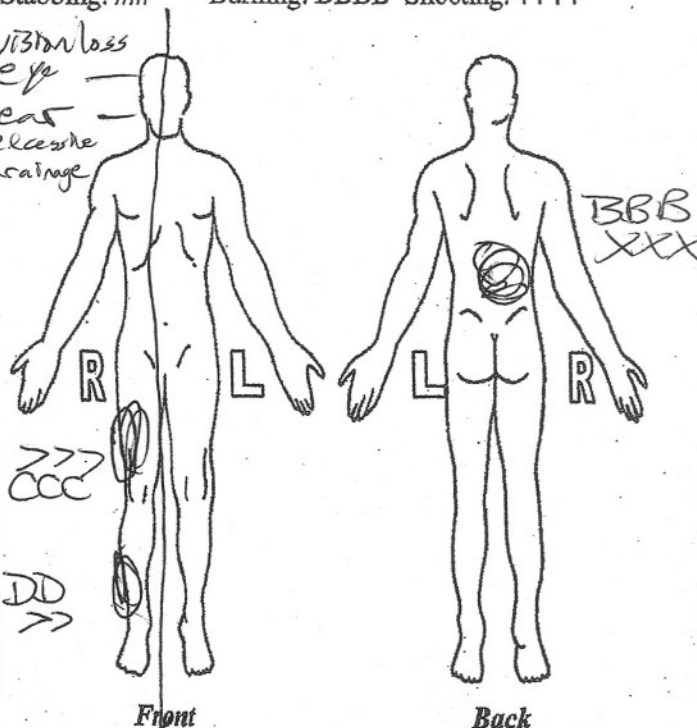
☒ worse than

☐ same as

☐ less than

Pain in back

vision loss  
eye  
ear  
excessive  
drainage



Pain is worse with: (check all that apply) ☐ Bending to brush teeth ☐ 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 2<sup>nd</sup> 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)

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

Seems to be my Right Side  
is having the issues

3D type vision / Blockage on Right eye  
Only read with 150 glasses