Follow up patient intake form for George Kartalian, Jr., MD.

Patient Name:_____ Date:_____

Type of work
If worker comp: current work status: off work/ last day worked_____

Restricted duty: sit down job/ other_____
Job level: heavy/ medium/ light

I am here for follow up of my: R / L foot
R / L ankle
R / L lower leg
R / L knee
R / L hip
Lumbar spine
Cervical spine
R / L shoulder
R /L elbow

I am: improving / worsening / feeling the same

Since the last visit I have: Had a MRI / CT scan / other test_____
Gone to PT
Used crutches
Used the CAM walking boot
Obtained arch supports
Bought new shoes
Had surgery
Not done anything
Started new medication _____
Other: _____

I would like to ask about: surgery / return to work / return to sports /
other _____

(gkfuptform)