

David K. Padgett, D.O.

Primary/Secondary Treating Physician's Progress Report

(PR2)

Physical Medicine and Rehabilitation
Osteopathic Manipulative Medicine
Electrodiagnostic Medicine & Sports Medicine

PLEASE COMPLETE ALL SECTIONS.
If more writing space is needed, please request another sheet.

Patient/Employee: Last First Date of appointment: / /

SECTION 1 Critical Issue PAGE ONE (PATIENT)

The ONE critical pain (not Rx) issue I want to discuss with Dr. Padgett today:

List pain area: back neck Reviewed

SECTION 2 CURRENT CONDITION/COMPLAINTS CC/HPI/PFSH/ROS

My condition since onset: remains the same has improved is constant comes and goes other

My condition since my last visit with Dr. Padgett: remains the same has improved has gotten worse: I am now unable to:

SLEEP-I am sleeping hours per night. I take a nap for min. per day. My pet sleeps on my bed.

My sleep is affected by:

DIET: I am eating meals per day snacks per day. I am making my own meals Yes Some No

DAILY ACTIVITIES: BATHING, DRESSING, TOILETING:

I am able to perform tasks on my own. I need assistance with: hair washing

My emotional well being: remains the same has improved has gotten worse affected by relationship stress evidenced by:

My home environment same better worse What has changed?

Do you have family members with similar symptoms? No Yes Changes? Be specific:

Other than your pain areas, are you having any problems with (circle all that apply)

head, face, endocrine, heart, lungs, skin, stomach, blood, immunity, bladder, bowels, other:

My PAIN is: worse with bending sitting up lifting walking laying down pulling carrying other

better when exercising sitting standing traction with heat with cold other

with medications is at this level (circle number that applies): [no pain] 0 1 2 3 4 5 6 7 8 9 10 [worst pain imaginable]

without medications (circle number that applies): [no pain] 0 1 2 3 4 5 6 7 8 9 10 [worst pain imaginable] Reviewed

SECTION 4 EXERCISE & THERAPY

I have been attending therapy: No, reason Yes

I have been doing the prescribed exercises or other exercises at home:

No, for the following reason

Yes. I do them daily or times per week for minutes.

Results of therapy and exercises: lost weight # pounds I feel better - can:

I feel challenged by: stiffness Reviewed

SECTION 5 WORK

I am currently:

Not working. What is the specific obstacle preventing you from working today:

Immediate supervisor is supportive: Y N Co-workers are supportive: Y N

Do you have an idea on how you can return to work? No Yes, idea:

Working at [Co.Name] # days per week and # hours per day Full time Part Time Reviewed

SECTION 7 MEDICATIONS for details refer to Med Log

Do your medications cause any adverse effects not addressed in the Chart Med Log? No Yes, explain:

Have you eliminated any meds? N Y Weaning full elimination of (medication):

Have you cut back on meds? Y N Which med(s): How much?

Affects: doing well more pain Reviewed

SECTION 8 PROCEDURES/TESTS PR2 15 dated 9/22/15

I have undergone the following procedures/tests since my last appointment with Dr. Padgett: None or

Yes, circle all that apply or add below: MRI, Xray, Blood Test, or:

or, I am scheduled for CT/MRI QME/AME injection on / / Reviewed