

FOLLOW-UP EXAM # _____

TODAY'S DATE:		DOB:	AGE:
PATIENT INFORMATION			
PATIENT NAME:		Spouse:	
VITAL SIGNS			
BP:	Height:	Date of Initial Exam: _____ Date Treatment Started: _____	
Pulse:	Weight:		
O2 Sat:			
PERTINENT PHYSICAL EXAM			
SUBJECTIVE CHANGES (+ or -)	TORONTO SCORE	TORONTO SCORE	Sleeping/Pain Level/Walking/Temperature/Other
	RIGHT	LEFT	
HANDS			Initial Exam: Right _____% Left _____% Date of Initial Exam: _____
Today's Exam % SENSATION LOSS	%	%	Last Exam: Right _____% Left _____% Date of Last Exam: _____
IMPROVEMENT from initial exam	%	%	
FEET			Initial Exam: Right _____% Left _____% Date of Initial Exam: _____
Today's Exam % SENSATION LOSS	%	%	Last Exam: Right _____% Left _____% Date of Last Exam: _____
IMPROVEMENT from initial exam	%	%	Force Plate: + or - _____% or N/A Sudo Scan FEET score _____ HAND score _____

Staff Signature

Date