



**Rahman Kandil, M.D.**

Patient Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

**Reason for visit: (What is the problem? Example: right knee pain, left shoulder pain, arthritis, etc.)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What have you done since the last clinic visit? Were the interventions effective?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please indicate any treatments you have had so far: (Please check all that apply)**

NONE     Injections     Physical Therapy (how long and where): \_\_\_\_\_  
 Surgery (when and where): \_\_\_\_\_  
 Medications (For this problem) \_\_\_\_\_

**What makes your pain better? (circle all that apply)**

Better with activity    Better with sleep    Better with rest    Better with medication    Nothing

Other: \_\_\_\_\_

**What makes your pain worse? (circle all that apply)**

Worse with activity    Worse with sleep    Worse with rest    Nothing

Other: \_\_\_\_\_