It is important that after your appointment with me you follow through with what we discussed during your visit. I have provided you with this simple guide to ensure that you complete all the treatments/advice/recommendations. Keep in mind that you play a significant role in your health care.

Name: __________________________________________

Date: ___________________________ Diagnosis: ___________________________

Other Treatment: __________________________________________

Tests:

- X-Ray
- Lab Test
- EKG
- Nerve Conduction Study
- Stress Test
- MRI

Treatments:

- Medications
- Diet / Weight Loss
- PT / Massage
- Acupuncture
- Counseling
- Nerve Blocks

Follow-up:

- One Week
- Two Weeks
- One Month
- Two Months
- Six Months
- Call

Restrictions:

- No Smoking
- No Lifting
- No Workouts
- No Sun
- Stay off your feet
- No Driving

Diet:

- No Spicy Food
- No Dairy
- No Salt
- No Caffeine
- No Alcohol
- No Sweets

Recommendations:

- Exercise
- Walking
- Swimming
- Stationary Bike
- Bed Rest
- Classes &/or ACPA Groups