Patient sticker

Navid Mahooti, MD **Sports Medicine** Follow-up Form

Navid Mahooti, MD, MPH

Sports Medicine Non-Surgical Regenerative Orthopedics

Lifestyle Medicine

Mass General / North Shore 104 Endicott Street, Suite 102 Danvers, MA 01923

		Phone: (978) 882-6700 Fax: (978) 646-8553‡	
In regards to your current symptoms, how relevant (important) are nutrition and the food you eat?			
<u>Circle one:</u> Relevant	Not Relevant	I don't know	
What problem or concern are you following-up for today? Briefly explain:			
Any significant changes in your health, or medicatio Yes If yes, please explain briefly:	ons you are taking, sind No	ce your last visit? (circle one)	
What treatment(s) did Dr. Mahooti perform / recomm	mend at your prior vis	it(s)? Circle all that apply	
Activity modification (rest)	Massage		
Medication(s)	Home-Based Re	hab / Exercise Program	
Injections	Osteopathic Mar	nipulation	
Physical Therapy	Other:		
Which of the above helped?	L		
Which helped or didn't help? Please explain	briefly:		
Have you seen any other healthcare professionals for this or a related problem since your last visit? Yes No			
Please circle your pain level today: 0 1 2 No Pain	3 4 5 6	7 8 9 10 Severe Pain	
What percent better do you feel since seeing Dr. Ma	hooti for this issue? (e	eg "75% better"):%	
Does the pain "radiate" (move) anywhere?	No Yes, p	lease explain:	
Aggravating: What types of things (activities, move	ements etc) make the	pain worse, if any?	
Alleviating : What types of things (activities, movements, medicines) make the pain better , if any?			
Is there something in particular that you'd like Dr. Mahooti to know? If yes, please explain:			