PHYSICIAN CONSULT CHECKLIST

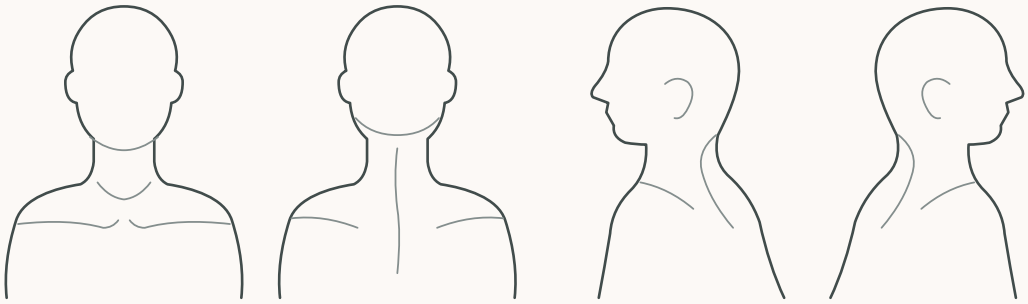
Neck pain when driving

Name _____ Visit date _____

Mark where you feel it

Side (left, right, or both) _____

Write a letter where you feel each symptom. Use more than one letter if needed.



Front Back Left side Right side

N Numbness **P** Pins & Needles **B** Burning / Aching **S** Stabbing

What I want my physician to know

Describe whether checking traffic or staying seated for a longer drive is harder.

I used to be able to… Now I struggle with…

It started… It feels better or worse when…

I've tried… It helped for…

The main thing I want to decide or do is…

What to bring or send

Bring a log of drive duration, breaks, and symptom changes.

- ☐ Prior images and written reports, if available
- ☐ Checked the scan date, body area and side
- ☐ Confirmed the office can open the image files
- ☐ Relevant visit and therapy notes, medication and allergy list

Image date, type and where it was done

What I still need to request or confirm

Questions to ask

- ☐ Which neck movements matter most for the driving problem I described?
- ☐ How should we discuss safety if I cannot turn far enough?
- ☐ If I have prior images, would they help answer today's question? Would another test change the plan?

What will I do next, and when will we check in?

One small improvement I want to notice

Notes from my visit