PHYSICIAN CONSULT CHECKLIST

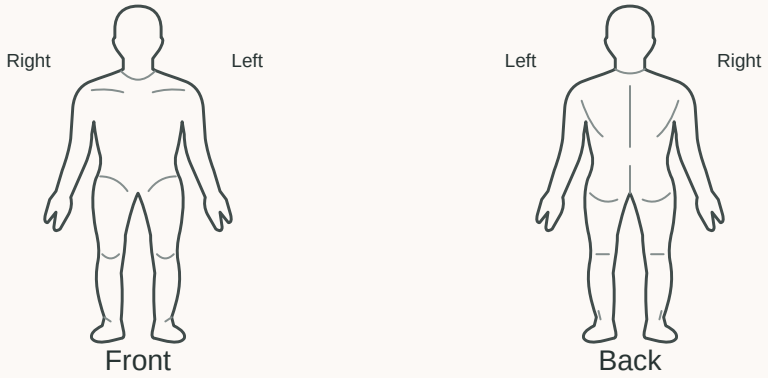
# Orthopedic consult about pain and sleep

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.




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

## What I want my physician to know

Write when you wake, which position you are in, and what you can do the next day.

**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 short sleep log and note position changes or supports you tried.

- ☐ 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

- ☐ What details help you connect my symptoms with the sleep disruption?
- ☐ What would a meaningful improvement in sleep look like for our plan?
- ☐ 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**

_____

_____