

FOLLOWUP VISIT

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Randwick
Suite 3, Level 7, POW Private
Bowral
21 St Jude St, Bowral

Your name: Today's date:

You are attending today's clinic for (**please tick**):

- ☐ Checkup following an operation.
- ☐ Checkup / review of an old problem.
- ☐ Flare-up of a previous problem.
- ☐ You have had tests / scans that need to be reviewed.
- ☐ To discuss management / care options.
- ☐ To discuss a consent for an operation.
- ☐ Other:

Have you had any **treatment or tests** since your last visit: YES / NO

Physiotherapy / Chiropractic / Osteopathy? YES / NO

CT or MRI scans? List:..... YES / NO

Blood tests? YES / NO

Nerve injections / Pain injections? YES / NO

Radiotherapy or Chemotherapy? YES / NO

Do you have any **new medical problems** since you were last seen at the clinic (eg: heart attack, stroke)? YES / NO

If yes, please explain:

- Please fill out form as best you can.
- Information will be held in the utmost of confidence in accordance with the provisions of the Privacy Amendment Act 2000.

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SF-8™ Health Survey

This survey asks for your views about your health. Please circle your response.

1. Overall, how would you **rate your health** during the past 4 weeks?

Excellent *Very good* *Good* *Fair* *Poor* *Very poor*

2. During the past 4 weeks, how much did **physical health problems** limit your usual physical activities (such as walking or climbing stairs)?

Not at all *Very little* *Somewhat* *Quite a lot* *Could not do physical activities*

3. During the past 4 weeks, how much difficulty did you have doing your **daily work**, both at home and away from home, because of your physical health?

None at all *A little bit* *Some* *Quite a lot* *Could not do daily work*

4. How much **bodily pain** have you had during the past 4 weeks?

None *Very mild* *Mild* *Moderate* *Severe* *Very Severe*

5. During the past 4 weeks, how much **energy** did you have?

Very much *Quite a lot* *Some* *A little* *None*

6. During the past 4 weeks, how much did your physical health or emotional problems limit your usual **social activities** with family or friends?

Not at all *Very little* *Somewhat* *Quite a lot* *Could not do social activities*

7. During the past 4 weeks, how much have you been bothered by **emotional problems** (such as feeling anxious, depressed or irritable)?

Not at all *Slightly* *Moderately* *Quite a lot* *Extremely*

8. During the past 4 weeks, how much did personal or emotional problems keep you from doing your **usual work**, school or other daily activities?

Not at all *Very little* *Somewhat* *Quite a lot* *Could not do daily activities*

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