Date of procedure ……….. Form Number ………..

# FOLLOW UP FOR FORAMINAL NERVE ROOT STEROID INJECTIONS

We would be very grateful if you could help us by taking a short time to fill in this form and return it to us in the envelope provided.

We would like to know how you found the procedure and if your symptoms have changed. If you have any further questions please don’t hesitate to contact us on the departmental telephone numbers.

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**Please grade your pain according to the following scale:**

**0 (zero) means no pain, and 10 means extreme pain.**

1. How would you rate the severity of your referred pain before the procedure?

(‘Referred pain’ is pain which passes down the buttock, thigh, leg or foot)

0 1 2 3 4 5 6 7 8 9 10

1. How would you rate the severity of your referred pain 1 month after the procedure?

0 1 2 3 4 5 6 7 8 9 10

1. Did you find the procedure painful or difficult in any way?

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1. Did you experience any discomfort at the injection site after the procedure?

If so please describe the location of the pain and duration of symptoms.

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1. Did you have any other problems or complications after the procedure?

If so please explain what problems you experienced.

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**Thank you for your feedback.**