|  |  |  |
| --- | --- | --- |
|  |  |  |
|  | **PATIENT TO-DO CHECKLIST** |  |
|  |  |  |
|  | Prior to Cervical In-Office Evaluation or Telemedicine NPE |  |
|  | **☐** | **CHIEF COMPLAINT** |
|  | Date of injury/when condition began: |
|  | **☐** | **Imaging** |
|  | Do you have imaging to review related to this condition? |
|  | If yes, please indicate below |
|  | §  MRI |
|  | §  DMX |
|  | §  CT |
|  | §  X-ray |
|  | §  Other: |
|  |  |
|  | **☐** | **Previous surgeries** |
|  | Have you had any previous surgeries related to this condition? |
|  | If yes, please attach operative notes: |
|  |  |
|  | **☐** | **Previous injections** |
|  | Have you had any previous injections related to this condition? |
|  | If yes, please attach procedure notes: |
|  |  |
|  | **☐** | **Homework** |
|  | What can you do to improve the quality of your stem cells attached in the *What to Expect Guide*. |
|  | [Orthopedics 2.0: Dr. Centeno’s eBook on regenerative orthopedics.](http://www.regenexx.com/2010/09/dr-centenos-new-book-on-regenerative-orthopedics/) |
|  |  | **Additional Questions:** |
|  | 1.       Is your digital motion XRAY study abnormal? |
|  | 2.       Have you been diagnosed and suspected of having cranial cervical instability? |
|  | 3.       Is your neck pain associated with increase in heart rate, dizziness, changes in your vision of problems with concentration? |
|  | 4.       Have you been diagnosed with Ehlers Danlos Syndrome (EDS) or hypermobility? |
|  | 5.       Does your upper neck bone easily come out of alignment despite chiropractic adjustments? |