



# Dr R E Pope

**Beneficence and Nonmaleficence**  
**Neurosurgeon and Spine Surgeon**

## Follow-up Patient Registration Form

Your name: ..... Today's date: .....

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

- Checkup following an operation.
- Checkup / review of an old problem.
- Recurrence of a previous problem.
- Tests / scan that needs to be reviewed.
- To discuss management / treatment options.
- To discuss a consent for an operation/procedure.
- Other: .....

Have you had any <b>treatment or tests</b> 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Information will be held in the strictest of confidence in accordance with the Health Records and Information Privacy Act 2002 (NSW)

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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*

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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*

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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*

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

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

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

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

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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*

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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*

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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*