

Patient Information and Update

Date: _____

Name: _____

Age: _____

Address: _____

Circle preferred method of contact:

Phone #: _____ Cell #: _____ Work #: _____

Type of Visit: (check one)

_____ Recent health problem (e.g. accident, fever, sudden pain)

_____ Prevention or routine care (physicals, paps screening, exams, well-child care)

_____ Check up for disease (e.g. high blood pressure, diabetes, asthma)

_____ New patient

Do you need any forms completed today? _____ yes _____ no

Please write down your reason for seeing the doctor today.

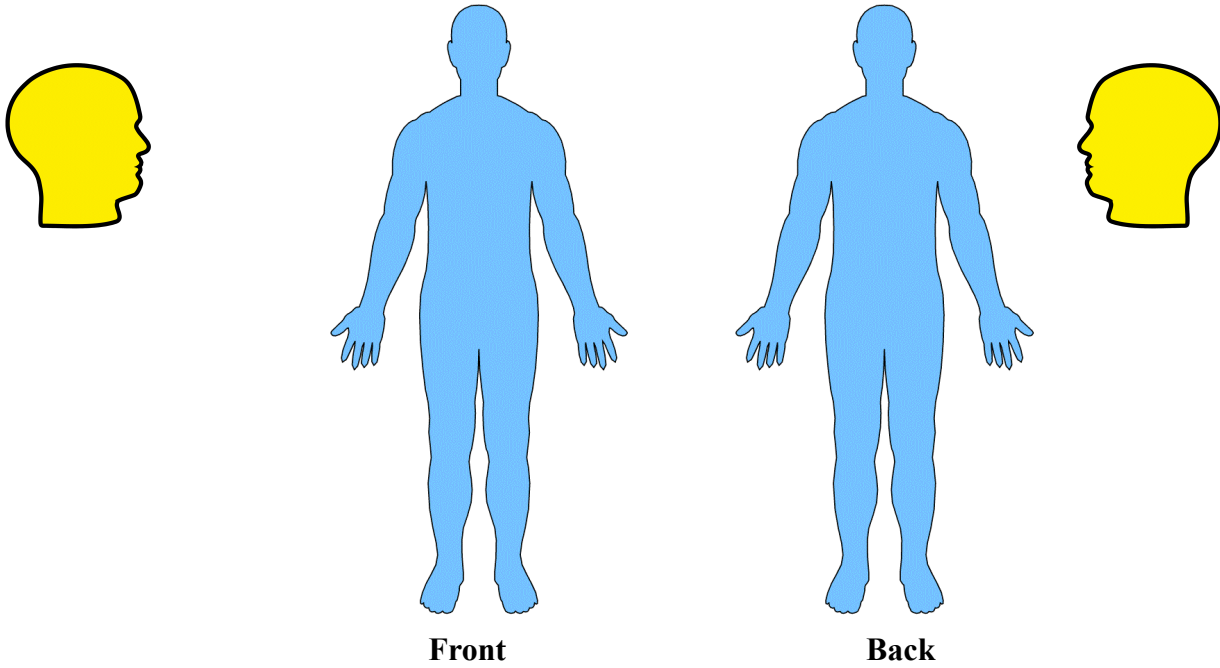
Problems	When did the problem start?	What have you tried?	Rank order 1, 2, 3, 4

I have concerns I want to discuss privately with my doctors. _____ yes _____ no

Please list any recent changes in your health status or treatment (e.g. medication, test results, abilities, job, family).

Please list any health improvements you have made since your last visit (e.g. weight, diet, exercise, mood).

Place an X on the body to identify where you have health concerns.



Diagnosis and Medications

Medications	Diagnosis
<i>Lisinopril 10 mg once daily</i>	<i>Example Hypertension</i>
<i>Tylenol 325, two occasionally</i>	<i>Arthritis</i>
