F(OW - UP REVIEW

NAME | DATE OF BIRTH | DATE

REASON FOR VISIT

PERSONAL STATUS — *SINCE YOUR LAST VISIT – indicate changes* ☑

Describe changes

- ☐ MARITAL STATUS
- ☐ ADDRESS
- ☐ PHONE ☐ HOME ☐ OFFICE
- ☐ EMPLOYMENT
- ☐ HEALTH INSURANCE
- ☐ NO CHANGE

PROFESSIONAL VISITS

Since your last visit have you seen any other doctors? Y N

DOCTOR'S NAME	REASON FOR VISIT

DID THE DOCTOR ORDER ANY LAB, X-RAY OR OTHER TESTS? Y N WHICH ONES?

IN YOUR FAMILY - HAVE THERE BEEN ANY MAJOR ILLNESSES? Y N OR DEATHS ? Y N DESCRIBE -

HAVE YOU SEEN YOUR DENTIST? Y N

MEDICATIONS

List all that you take, include those you buy without a prescription

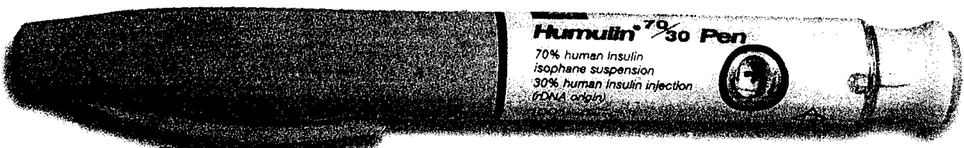
MEDICAL STATUS — *SINCE YOUR LAST VISIT - indicate changes - If positive place a (-) beside the appropriate box*

- ☐ WEIGHT GAIN ☐ LOSS
- ☐ EXCESSIVE FATIGUE
- ☐ HEARING ☐ EAR PROBLEMS
- ☐ VISUAL ABNORMALITIES
- ☐ FREQUENT COLDS
- ☐ NOSE BLEEDS ☐ HOARSENESS
- ☐ BREATHING PROBLEMS
- ☐ PERSISTENT COUGH
- ☐ CHEST PAINS ☐ PALPITATIONS
- ☐ LOSS OF APPETITE
- ☐ STOMACH ☐ BOWEL PROBLEMS
- ☐ BLOODY / BLACK STOOLS
- ☐ JAUNDICE
- ☐ BLADDER / URINE PROBLEMS
- ☐ KIDNEY PROBLEMS
- ☐ VENEREAL DISEASE
- ☐ SWOLLEN ANKLES
- ☐ LEG PAIN / CRAMPS
- ☐ BRUISE EASILY
- ☐ FAINTING ☐ DIZZY SPELLS
- ☐ FREQUENT HEADACHES
- ☐ MUSCLE WEAKNESS
- ☐ NUMBNESS / TINGLING SENSATIONS
- ☐ JOINT PAINS ☐ INJURIES
- ☐ SLEEPING DIFFICULTY
- ☐ RASHES ☐ ITCHINESS
- ☐ NERVOUSNESS ☐ DEPRESSION
- ☐ MEMORY LOSS
- ☐ EXCESSIVE MOODINESS
- ☐ CIGARETTES ☐ ALCOHOL
- ☐ COFFEE ☐ EXERCISE
- ☐ MARITAL / SEXUAL PROBLEMS

FEMALES

- ☐ IRREGULAR / PAINFUL MENSTRUAL PERIODS
- ☐ PREGNANCIES ☐ MISCARRIAGES
- ☐ FLUSHING

OTHER SYMPTOMS OR PROBLEMS?



Humulin® human insulin (rDNA origin) Pen

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