GASTROENTEROLOGY CONSULTANTS, P.C. *FOLLOW-UP OFFICE VISIT- for established patients seen in the last 3 years*

Name:	Age	Today's date:	2018
Please complete the following questions to update you	r information and	enable us to provid	e you with the best care possible.
Main reason for today's visit:			
Any other issues or problems you would like to discuss? :			
Please list ALL prescription AND/ OR over-the-counter medic	ations taken routi	nely: CURF	RENT PRIMARY PHYSICIAN:
		MEDICATION ALLERGIES:	
INTERIM HISTORY: Please answer the following questi Seen any other physicians for ANY medical proble Been hospitalized or seen in an emergency room Had any X-ray studies, laboratory tests, diagnosti Any changes in family, personal history, marital st	em? c or surgical pro	cedures?	
PLEASE DO NOT WRITE BELOW	V THIS LINE-	OFFICE USE ONLY	,
CLINICAL NOTES:		wт	BP
		RR	HR
		GA-	
		HEENT-	EXT-
		NECK-	CNS-
		CHEST-	SKIN-
		COR-	
		ABD-	
IMPRESSIONS:	Labs/X-ray	s/Procedures:	Rx /Instructions:

NEXT APPOINTMENT:

R.N./P.A.