

PATIENT INFORMATION SHEET
(Adult-Existing Patient Annual Update)



Patient Name: _____

Other or Prior Name(s): _____

Date of Birth: _____

Advanced Directives

Do you have any changes to any of the following, and do we have a copy: Durable Power of Attorney

Living Will DNR (Do Not Resuscitate) none of these

Please let us know if you would like more information on any of the above items

Medications & Vitamins

Please list any medications that have changed since your last visit to include: Prescriptions, Over the Counter (OTC), Vitamins, and Supplements.

Medication, OTC, Vitamins or Supplement Name	Dosage and how you take
1.	
2.	
3.	
4.	

Please list any **NEW** medication ALLERGIES or medications you cannot take. Check here if **NO** allergies

1.	3.
2.	4.

Personal Medical History

Please list any changes in your medical history:

1.	3.
2.	4.

Surgical History

Please list any recent surgical procedures:

1.	3.
2.	4.

Family Medical History

Please list any changes in your Family medical history:

1.	3.
2.	4.

Recent Diagnostic Studies & Immunizations

Please provide the dates of diagnostic studies or immunizations you may have had in the last 12 months.

Study	Approximate Date	Study	Approximate Date
Colonoscopy/Sigmoidoscopy		Pulmonary Function Test	
Echocardiogram		Bone Density/Dexa Scan	
Cardiac Stress Test		Pap Smear	
Cardiac Catheterization		Flu shot	
Holter Monitor		Pneumonia shot	
Mammogram		Shingles shot	
Eye Exam		Tetanus shot	
Foot Exam		Diphtheria, Tetanus and Pertusis shot	

Signature: _____

Date: _____