

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

Name: \_\_\_\_\_ Age \_\_\_\_\_ Today's date: \_\_\_\_\_ 2012

*Please complete the following questions to update your information and enable us to provide 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 medications taken routinely:

CURRENT PRIMARY PHYSICIAN:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**MEDICATION ALLERGIES:**

**INTERIM HISTORY:** Please answer the following questions in detail. *Since your last visit to our office have you .....*?

Seen any other physicians for **ANY** medical problem? \_\_\_\_\_

Been hospitalized or seen in an emergency room? \_\_\_\_\_

Had any X-ray studies, laboratory tests, diagnostic or surgical procedures? \_\_\_\_\_

Any changes in family, personal history, marital status? \_\_\_\_\_

**PLEASE DO NOT WRITE BELOW THIS LINE- OFFICE USE ONLY**

**CLINICAL NOTES:**

WT \_\_\_\_\_ BP \_\_\_\_\_

RR \_\_\_\_\_ HR \_\_\_\_\_

GA-

HEENT- EXT-

NECK- CNS-

CHEST- SKIN-

COR-

ABD-

**IMPRESSIONS:**

**Labs/X-rays/Procedures:**

**Rx /Instructions:**

**NEXT APPOINTMENT:**

[ ] Database - reviewed / updated

[ ] Letter / notes faxed

\_\_\_\_\_ R.N./P.A.

\_\_\_\_\_ M.D.