

Patient name: \_\_\_\_\_ Date of Visit: \_\_\_\_\_

**Follow-up Visit Questionnaire**

Name of primary care physician: \_\_\_\_\_

Initial here if you do NOT want a copy of today's note sent to this physician. \_\_\_\_\_

Reason for seeing the doctor today: \_\_\_\_\_

\_\_\_\_\_

**Healthy Living**

Do you drink caffeinated beverages? Y / N About \_\_\_\_\_ per day

Do you use tobacco products? Y / N About \_\_\_\_\_ packs per day

Do you drink alcohol? Y / N About \_\_\_\_\_ drinks per \_\_\_\_\_

Do you exercise regularly? Y / N Please describe \_\_\_\_\_

**Medications**

Please list your current medications and doses. Use the back of the page if necessary. If you have a medication list already prepared, attach here.

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

For office use only:	
_____	_____
Initials	Date

**Symptoms**

Please circle the symptom or symptoms that you currently have or have had in the last six months. If you don't have any symptoms, please check off the appropriate box.

**General**  **No symptoms**

- Fever
- Chills
- Weight loss
- Weight gain
- Fatigue
- Syncope
- Excessive sweating
- Depression
- Anxiety

**Eyes/ears**  **No symptoms**

- Change in vision
- Blurred vision
- Double vision
- Loss of hearing
- ringing in the ears
- Earaches

**Throat/sinuses**  **No symptoms**

- Sore throat
- Nasal congestion
- Sinus pain
- Nose bleeds

**Neck**  **No symptoms**

- Neck stiffness
- Swollen lymph nodes

**Pulmonary**  **No symptoms**

- Shortness of breath
- Dry cough
- Productive cough
- Pneumonia

**Cardiac**  **No symptoms**

- Chest pain
- Palpitations
- Hypertension
- Heart murmur

**Vascular/hematologic**  **No symptoms**

- Swollen legs
- Blood clots
- Anemia
- Easy bruising or bleeding
- Transfusions

**Musculoskeletal**  **No symptoms**

- Muscle aches
- Joint pains

**GI**  **No symptoms**

- Swallowing difficulty
- Stomach pain
- Constipation
- Diarrhea
- Hepatitis

**Urinary**  **No symptoms**

- Frequency
- Incontinence
- Infections

**Neurological**  **No symptoms**

- Headache
- Seizure
- Stroke
- Weakness
- Tremor
- Imbalance
- Falls

**Other Symptoms**

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