Follow-up Visit Intake

Name_____ Date of Visit_____

Last Menstrual Period_____

List all current prescription medications you have been taking (prescribed and non-prescribed) drugs, over-the-counter medicines, hormones, nutritional supplements, topical creams, etc. Document actual usage. If you have made a recent change or change since your last visit (increase, decrease, discontinuation, restarted it, or replaced one with another for the same medical problem or used a different dose than prescribed, etc), list it on the space below with approximate dates. If it is a formula with more than 2 ingredients, list the product name and brand name and skip to # of caps/oz/tsp or bring it with you.

Medication (Drug/ Supplement name)	mg/IU/mcg/gm	#caps/mL/oz/tsp	times/day	/week	/month	other

What would you like to talk about at this visit?_____

Family members (blood relatives) with medical changes since your last visit? (eg, heart attack, stroke, cancer, passed away, etc)_____

Procedures, surgeries, hospitalizations, since last visit_____