Primary Medical Care Visit Update Form

Name _____ **Date**: _____
(Last) (First) (Middle)

Date of Birth _____ Phone _____ Email _____

****** PLEASE COMPLETE ALL INFORMATION DOWN TO THICK BLACK LINE AT EVERY VISIT ******

Reasons for Visit: ☐Cough ☐Sinus ☐Stress ☐Med Check ☐Pain ☐BP ☐Diabetes ☐Cholesterol ☐Ultrasound ☐Other:_____

How long have you had this condition: _____ Days _____ Months _____ Years?

Allergies: _____ Do you Smoke? ☐ Yes ☐ No

Have you recently fallen: Y ◯ N ◯

If you have diabetes:
What has been your morning fasting glucose range for the past month?
☐Less than 90 ☐91-120 ☐121-160 ☐161-200 ☐Higher than 200

If you have high blood pressure:
What has been your blood pressure range for the past month?

Top number:	☐ less than 120	☐ 120-130	☐ 130-140	☐ 140-150	☐ Higher than 150
Bottom number:	☐ less than 70	☐ 70-80	☐ 80-90	☐ 90-100	☐ Higher than 100

Review of Symptoms: Are you experiencing or have experienced any of the following within the last seven days?

1.) Constitutional:	☐ No Symptoms	☐ fever	☐ fatigue		
2.) Skin:	☐ No Symptoms	☐ hives	☐ rash	☐ warts	
3.) Ear,Nose,Mouth & Throat:	☐ No Symptoms	☐ ear ache	☐ sinus pressure	☐ nose discharge	☐ sore throat
3.) Eyes & Head:	☐ No Symptoms	☐ headaches	☐ double vision	☐dizziness	
4.) Respiratory:	☐ No Symptoms	☐ shortness of breath	☐ cough	☐ wheezing	☐ chest pain with breathing

Over the last two weeks, how often have you been bothered by the following problems?

	Not At All	More than Several days	Nearly half the days	Every Day	Score
Feeling nervous, anxious or on edge	0	1	2	3	
Not being able to stop or control worrying	0	1	2	3	
Feeling down, depressed or hopeless	0	1	2	3	
Little interest or pleasure in doing things	0	1	2	3	
				TOTAL	

PHQ-4: Total score is determined by adding together the scores of each of the 4 items. Scores are rated as normal (0-2), mild (3-5), moderate (6-8), and severe (9-12). Total score ≥3 for first 2 questions suggests anxiety. Total score ≥3 for last 2 questions suggests depression

HT **WT** **BP** **Pulse** **Resp** **Temp** **Oxygen SAT** **LMP**

Appointments: ☐ f/u ☐ referrals ☐ mammogram ☐ colonoscopy

Education: ☐Netter ☐ AC ☐Diet ☐Counseling ☐Other

☐ X-Ray/Medical Supplies: ☐ directions ☐ order given
☐ U/S: ☐scheduled ☐ pink sheet ☐ echo questionnaire ☐reason ordered noted **Record Release:** ☐signed ☐faxed
☐ EMG/CT/MRI: ☐appt scheduled ☐ prior auth ☐f/u appt scheduled

Testing: ☐send to lab ☐superbill

Scripts: ☐printed ☐signed

R74.0	R73.09	E03.9	D64.9	I10	E66.3	R21	R50.9	J30.9
AbnLiv	**Glu**	**Thy**	**Anemia**	**HTN**	**Obes**	**Rash**	**Fever**	**AllRhin**
E78.5	E55.9	R94.31	R06.02	R53.81	J02.9	R05	J45.909	J01.90
Lipid	**VitD**	**AbEKG**	**Dysp**	**Fatigue**	**ST**	**Cough**	**Asth**	**Sinus**

Procedures: Eye Exam EKG HCG U/A Glucose Alg. Test Strep Mono Influenza A/B Spiro Pulse/Ox Peak Flow Albuterol Neb. Hemoccult
Plan: Ice Heat Fluids Tylenol Pepcid Zantac Increase Exercise Diet: Low Chol / Low Fat / Diabetes / Low Na Counseling Echo Mammogram U/S Xray
Injection: _____ R/L Arm Gluteus B12(1000mcg) Solumedrol(125mg) Rocephin(1000mg) Other:_____

PROVIDER SIGNATURE: _____ **Mary MacKenzie MD/ Natasha Hofberg CFNP**