



ESTABLISHED PATIENT MEDICAL INFORMATION

Visit Type: Scheduled Follow up Urgent Visit

Chief Complaint: Follow up for _____ New Problem of _____

History of present illness or new problem? _____

What have you tried to make it better? _____

What makes it worse? _____

How would you describe any discomfort? _____

How severe are your symptoms? _____

How long have you been bothered and how often are you bothered? _____
