

Health History for Your Follow Up Physical Exam:

→ NAME: _____ Appointment Date: _____ ←

Thank you for helping us stay current with your health status by completing this form for your physical exam.
Please note: This form is used as a reference and does not become part of your medical record

Current medications (please list **drug name** -- **dose** -- **how often you take it**):

Allergies:

Changes to health status since your last visit (hospitalization, surgery, etc.):

Changes to family history since your last visit:

Please list any vaccines you have had in the past year: _____

Do you have a Health Care Proxy? _____