



12 Month Return Visit Update

Please update all applicable information

Name: _____ Date: _____ Care Card Number: _____
Address: _____ City: _____ Postal Code: _____
Home #: _____ Work #: _____ Cell #: _____
Date of Birth (m/d/y): ____/____/____ Age: _____ Occupation: _____
Legal Gender: female male other Gender Identity: _____
Email Address: _____

HEALTH OVERVIEW

Name of current general practitioner (MD) _____
GP's contact information _____
When was your last visit to your GP? _____
For what the reason? _____

Are you currently seeing a medical specialist? Y N

If yes, for what reason? _____
Name of medical specialist _____
What is the main reason for your visit today? _____

What are your most important health concerns? List in order of importance.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Please list medications, supplements, vitamins, minerals, herbal medicines and homeopathics that you are taking on a consistent basis:

What lab work, imaging or special studies have you had since your last visit?

Have you undergone a surgery or hospitalization? Please describe:

Have you experienced any major "life events" since your last visit? Please describe:

Have you been diagnosed with a new health condition since your last visit? Please describe:

Any additional comments?

Signature: _____
(Parent or Guardian if a minor)

Today's date: _____

Thank you. I look forward to helping you in any way I can.