



Comprehensive • Affordable • Primary & Urgent Care

Continuity Visit Intake

Name: _____ Date: _____

Welcome back! Please answer the questions below to the best of your knowledge. Your answers will help us provide the best possible care. **Please include the primary two issues** you would like to address today so we can plan our time appropriately.

It's good to have clear expectations. If we try to cover too many topics in a visit, we are unlikely to be able to address them adequately. If we do not get to all of your concerns today, we will help you schedule a follow up visit.

Please describe your concerns below in order of importance. If you prefer not to record a concern on paper, simply write "Private."

1. _____

2. _____

Please describe any recent lifestyle changes (nutrition, fitness, stress management, relationships, etc.):

Please describe any updates related to your previous visit/s:

Please list any new or discontinued medications or supplements (with dosages) that you may be taking:

Please list any new allergies to medications, foods, or supplements as well as the reaction:

Please list any other information that you would be helpful for your provider to know today:

If changes have been made to any of the following recently, please list the updated information below:

Mailing Address

Phone Number

Email Address

Thank you!