



Patient Label

Follow Up Patient Information Sheet
Informacion de el Paciente

New Address & Phone Number/ Direccion & Nuevo Telefono

Current Medications/ Medicamentos:

1. _____
2. _____
3. _____

Changes in your history since your last visit
Cambio Historial de salud desde la última visita

New Diagnosis/ Nuevo Diagnostico

Hospitalizations/ Hospitalizaciones

Surgeries/ Cirujias

Current Concerns/ Preocupaciones Nuevas

Email Address/ Correo Electronico

Would you like to be on our email newsletter list?

Yes No

(All email addresses will remain confidential and emails will be sent by Bcc)

REVIEW OF SYSTEMS/ INFORMACION DEL PACIENTE:

Weight loss or gain/ Perdida/ Aumento de peso	Yes	No
Headaches/Dolor de cabeza	Yes	No
Excessive thirst/Mucha sed	Yes	No
Over-eating/ Comiendo de mas	Yes	No
Vision,hearing problems/Problemas de visión/oídos	Yes	No
Frequent infections/ Infecciones	Yes	No
Feeling very hot or cold/ Escalofrios/Calor	Yes	No
Cough/ Tos	Yes	No
Heart flutters/Palpitaciones	Yes	No
Any pain/ Dolores	Yes	No
Diarrhea/ Diarrea	Yes	No
Constipation/ Estreñimiento	Yes	No
Rashes/ Sarpullidos	Yes	No
Dry skin/ Piel seca	Yes	No
Stretch Marks/ Estrías	Yes	No
Abnormal hair growth/Bello anormal	Yes	No
Abnormal body odor /Olor anormal	Yes	No
Development of puberty/ Precoz	Yes	No
Numbness of hands or feet/Entumidez de pies o manos	Yes	No
Trouble sleeping/ Insomnio	Yes	No
Behavioral Changes/ Cambio de Temperamento	Yes	No
Hair loss/ Perdida de cabello	Yes	No

INSULIN (for diabetics only)

Time	Insulin/a	Carb Ratio
Breakfast/ Desayuno		
Lunch/ Lonche		
Dinner/ Cena		
Bedtime/ Noche		
Blood sugar Corrections/ Correccion		