

Since Dr Dore Last Saw You... Have you

Y N **Had any illnesses? Broken any bones?** _____

Y N **Seen any doctors?** _____

Latest Dental visit date? _____

Y N **Had any x-ray, lab or medical / dental procedure/date?** _____

Have you had any New Vaccinations or Immunizations No Yes, list: _____

Y N **Had a change in your family medical history?** (New diseases or illnesses developed by relatives, parents, children, aunts, uncles, brothers, sisters) _____

Y N **Had a change in your social history?** (Work, relationships, residence, smoking, alcohol consumption) _____

Y N **Had any new allergies or reactions to medications?** _____

Y N **Started, changed dose or stopped any medication?** Y N **Changed insurance?**

Medication that is: NEW, CHANGED DOSE OR STOPPED: (Since last visit)	N = New C = Changed S = Stopped	What is the CURRENT DOSE?	Who prescribed, changed or stopped? If you made the change, put Self	Reason for new medication? Reason for changing dose or stopping?

Y N **Are you exercising?** Walking Stretching Other _____

How Do You Feel – Today ?

Below are common **problems** I need you to tell me about ...

First: Put **N** for a **New problem**

Next: For a **problem that was present last visit** – tell me how it is **today**.
(**Rate it** as follows.)

1 =Much better 2 =Better 3 =Same 4 =Worse 5 =Much Worse

Pain	Swelling	Fatigue:
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*Finally: If a problem isn't present today and wasn't present last visit, just put a **0** in the box*

Fever	Bruising	Skin rash	Skin Ulcers	Ringing in ears	Eyes red	Eyes dry	Oral Ulcers	Swollen glands
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Chest pain	Heart palpitations	Shortness of breath	Cough	GI Upset	Diarrhea	Headache	Difficulty sleeping	Weight loss
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How long is your **Morning Stiffness?** _____ minutes

What is your **Worst Joint?** _____

What is your **Overall Assessment** compared to last visit? ____ 1 =Much better 2 =Better 3 =Same 4 =Worse 5 =Much Worse

Y N Are there any **other** problems you want to mention: _____

Name: _____ **Age:** ____ / **Date:** _____, 20 ____ **Reviewed by:** _____ **Dr. DORE**

Update EMAIL: _____ none New

