

Patient Update Form

To ensure the highest quality of health care, our physicians request that you complete this patient update form for **each visit** to our office. **If you have not been seen in our office for over a year**, please complete the Patient Health History and Registration forms and bring your current insurance card with you.

Name: _____ **Date of birth:** _____
FIRST NAME LAST NAME

Note: This is a confidential record and will not be kept as part of your chart. Information provided here will not be released to anyone without your authorization to do so.

CURRENT PROBLEM: *In your own words, what brings you to the office today?* _____

MEDICATION LIST UPDATE

Changes since your last visit

MEDICATION NAME	DOSAGE	DATE STARTED	MEDICATION NAME	DOSAGE	DATE STARTED

MEDICATION ALLERGIES

Changes since your last visit

MEDICATION NAME	REACTION

NEW DIAGNOSIS OR SURGERY

Since your last visit

DIAGNOSIS OR SURGERY	DATE

HAVE YOU HAD ANY OF THE FOLLOWING IN THE LAST SIX MONTHS?

Please check "yes" or "no" for each.

General

- Y N Fevers
- Y N Chills
- Y N Sweats
- Y N Anorexia
- Y N Fatigue
- Y N Malaise
- Y N Weight loss

Respiratory

- Y N Cough
- Y N Shortness of breath
- Y N Excessive sputum
- Y N Blood sputum
- Y N Wheezing

Cardiovascular

- Y N Chest pains
- Y N Palpitations
- Y N Dizziness/syncope
- Y N Shortness of breath
- Y N Shortness of breath lying down
- Y N Sudden nighttime breathlessness
- Y N Ankle swelling

Gastrointestinal

- Y N Nausea
- Y N Vomiting
- Y N Diarrhea
- Y N Constipation
- Y N Change in bowel habits
- Y N Abdominal pain
- Y N Black or tarry stools
- Y N Red blood in the stools
- Y N Jaundice



Genitourinary (MEN ONLY)

- Y N Getting up at night to urinate
- Y N Frequent urination
- Y N Urgent need to urinate
- Y N Urethral pain on voiding
- Y N Difficulty starting stream
- Y N Slowing of urine stream
- Y N Intermittent urine stream
- Y N Feeling bladder doesn't empty completely
- Y N Incontinence
- Y N Blood in the urine
- Y N Urethral discharge
- Y N Testicular pain
- Y N Difficulty with erections
- Y N Decreased libido
- Y N Vasectomy

Genitourinary (WOMEN ONLY)

- Y N Urethral pain on voiding
- Y N Frequent urination
- Y N Urgent need to urinate
- Y N Difficulty starting stream
- Y N Slowing of urine stream
- Y N Intermittent urine stream
- Y N Feeling bladder doesn't empty completely
- Y N Urine leak with laugh, cough or strain
- Y N Leak with urge to urinate
- Y N Getting up at night to urinate
- Y N Blood in the urine
- Y N Urethral discharge
- Y N Pelvic pain
- Y N Vaginal discharge
- Y N Vaginal bleeding (non-menstrual)
- Y N Labial soreness
- Y N Bladder dropping

We do not discriminate on the basis of race, color, national origin, sex, age, or disability in our health programs and activities.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 888-311-9127 (Swedish Edmonds 888-311-9178) (TTY:711)

注意：如果您講中文，我們可以給您提供免費中文翻譯服務，請致電 888-313-9127 (Swedish Edmonds 888-311-9178) (TTY:711)