



VIRTUALMEDICALPRACTICE, LLC
the future of medicine is now.....

FOLLOW UP QUESTIONNAIRE

Patient's Name

Patient's Date of Birth

Date of Last Appointment

To maximize our time together, please fill out this form with any new information or developments since we last met. Please fax or email this form back as soon as possible but no later than 2 weeks prior to our visit.

DIAGNOSIS: _____

CHANGES, DEVELOPMENTS, OR CHALLENGES FROM LAST VISIT: _____

IMMUNIZATIONS: My/my child's immunizations are up-to-date: Yes No

MEDICATIONS: Name of Medication Dosage Time

HOSPITALIZATIONS: (List all hospital admissions - name of hospital, length of stay, reason for admission)

SURGERIES: _____

OTHER INFO: _____
