EvergreenHealth

Established Patient Check-In Form

What are your concerns today?

1. _____

2. _____

Since you last saw your Primary Care Provider:

Please list any changes that have occurred in your overall health.

_____

_____

_____

Please list any new **prescriptions**, over the counter medications or supplements that have been started.

_____

_____

Please list any new **allergies** (medications and other).

_____

_____

Please list any new changes in your **living situation.**

_____

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_____

Please list any new medical problems in your **family.**

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_____

_____

Please list any recent **surgeries** or **Emergency Room** visits that have not been discussed with your provider.

_____

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Please list any **other providers** you have seen.

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