

**RETURN VISIT UPDATE** Appointment Date \_\_\_\_\_

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

**Chief Complaint:** Since your last visit are you globally better, worse, or the same?

**What symptoms have gotten better?**

**What symptoms have not improved or gotten worse?**

**What are your worst symptoms?**

**What is your current percentage of normal?** \_\_\_\_\_

**Have there been any significant medical events (surgeries, consultations with other medical practices, etc.) since your last visit?**

**If "yes," what took place?**

**Please list the medicines and supplements are you taking now.  
Bring a current list with you if available.**

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**Use back side if necessary**

**Do you have specific questions for this visit?**