

**Michael A. Vasquez, M.D., F.A.C.S., R.V.T.**  
**Glenn Buczkowski, RPA-C**  
**Esther M. Sprehe, ANP**

**Revisit Health Update**

Date : \_\_\_\_\_

Name : \_\_\_\_\_

Your last visit was on \_\_\_\_\_

Are you taking any new medications?      YES \_\_\_\_\_      NO \_\_\_\_\_

Please List \_\_\_\_\_

\_\_\_\_\_

Have you had any surgeries since your last visit?      YES \_\_\_\_\_      NO \_\_\_\_\_

Type \_\_\_\_\_

\_\_\_\_\_

Have you developed any new Allergies?      YES \_\_\_\_\_      NO \_\_\_\_\_

Please List \_\_\_\_\_

Are you seeing a new physician?      YES \_\_\_\_\_      NO \_\_\_\_\_

Who is it? \_\_\_\_\_

Patient Signature \_\_\_\_\_