Denver Endocrinology, Diabetes & Thyroid Center, PC
601 E Hampden Ave, Ste 560
Englewood, CO 80113

PATIENT: _____
Date of Birth: _____
Provider: ____Linda Buckley, MD
____Lori Gerard, MD

ESTABLISHED PATIENT VISIT/ INFORMATION UPDATE

Please take a few moments prior to seeing your provider to update us on your health. Thank you for allowing us to provide a portion of your health care.

PCP: _____Phone: _____
Referring Physician (if different than PCP)_____Phone:_____
Describe the reason for your visit today: _____
_____

Medications **and** current doses (prescription AND over the counter medications, please)

Name of medication and dosage	How often taken and at what time of day
1._____	_____
2._____	_____
3._____	_____
4._____	_____
5._____	_____
6._____	_____

Please feel free to add another page if needed

Drug allergies_____ Reaction:_____

Please list any illnesses you have developed or surgeries you have had **since** your last visit:

1._____	5._____
2._____	6._____
3._____	7._____
4._____	8._____

REVIEW: Please circle any symptoms you have experienced in the past month.

Fatigue	Palpitations	Memory loss	Change of head size
Wt gain____lb	Worsening high blood pressure	Frequent Falls	Change of hand size
Wt loss____lb	Abdominal pain	Anxiety	Change of foot size
Easy Bruising	Constipation	Depression	Change of skin color
Excessive Sweating	Diarrhea	Emotional swings	Change of dental bite
Brittle nails	Nausea	Insomnia	
Rash	Vomiting	Decreased appetite	
Skin color changes	Difficulty swallowing	Increased appetite	
Darkening of skin	Feeling full before done eating	Intolerance of heat	
Dry skin	Decrease in height	Intolerance of cold	
Stretch Marks	Back pain	Excessive urination	
Blurred Vision	Bone pain	Excessive thirst	
Bulging eyes	Muscle cramps/aches	Hot flashes	
Double Vision	Muscle weakness	Flushing of skin	
Peripheral Vision loss	Hand pain_____	Loss of hair	
Hoarseness	Joint pain_____	Dry skin	
Inability to smell	Foot pain_____	Excess face/body hair	
Snoring	Sudden unexplained fractures	Acne	
Neck pain (front)	Leg pain with exercise	Decreased sex desire	
Neck mass/lump	Tingling hands/feet	Impotence	
Swollen glands	Burning hands/feet	Loss of periods	
Neck Swelling	Numbness hands/feet	Irregular periods	
Difficulty breathing	Lightheadedness/dizziness	Breast discharge	
Chest Pain/discomfort	Poor concentration	Breast enlargement	

Any other comments or concerns you would like to state here for the doctor? _____
_____

Signature_____Date_____