

**Integritas Wellness Institute**

**Patient Information Update**

Name \_\_\_\_\_

ID Number \_\_\_\_\_

**1) Since your last visit to our office, were you admitted to the hospital?**

Yes  No

If yes, please write where and when: \_\_\_\_\_

**2) Since your last visit to our office, have you had any medical tests?**

Yes  No

If yes, please check any that apply:

Mammogram (breast xray)  Pap smear (for women)  Colonoscopy

Blood work  X-rays  ECG / EKG (heart)

Vision  DEXA (checks for bone loss, or osteoporosis)

MRI  CT ("CAT" scan)  other \_\_\_\_\_

List where and when you had the tests done \_\_\_\_\_

**3) Since your last visit to our office, have you developed any new allergies or had a bad reaction to a medication or food?**

Yes  No

If yes, describe: \_\_\_\_\_

**4) Since your last visit to our office, have you seen a specialist (such as a doctor for diabetes, heart, kidneys, cancer, eyes, gynecology, etc.)?**

Yes  No

If yes, who did you see and when?

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Name	Approx. Date
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Name	Approx. Date
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**5) Since your last visit to our office, have you had any vaccinations (shots)?**

Yes  No

If yes, check the shots you received:

flu  tetanus  pneumonia

other - please list: \_\_\_\_\_

**6) Since your last visit to our office, have you started any new prescribed medications?**

Yes  No

If yes, list: \_\_\_\_\_

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\_\_\_\_\_  
**Your Signature and Today's Date**