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Annual Update

Patient Name: _____ Date of Birth: _____

In order to allow us to better assess any changes to your health, please answer the following questions:

- What medications are you currently taking?

Medication	Dose	Reason

- Since your last annual examination, have you delivered a baby, been hospitalized or had any surgeries? (please include ones performed by doctors in our office as well)

- Type of operation / hospitalization: _____
- Date of operation / hospitalization: _____
- Reason for operation / hospitalization: _____
- Physician's name: _____
- Final diagnosis: _____

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- Have you had any major lifestyle changes or personal issues that we need to know about? (i.e. marriage, new medical diagnosis, death of a spouse, etc.) If so, please list them:
