

OFFICE VISIT PREPARATION FORM

Name: _____ Date of Birth: _____ Date of Consult: _____

Reminder:

- For Telephone Office Visits, credit card number and billing information required prior to telephone consults for billing purposes. If you haven't provided this information, please contact our office prior to your visit to do so.
- Every third visit must be in the office (with some exceptions based on circumstances)

Please provide the following information to the office by fax or e-mail at least two days prior to your schedule phone consult. E-mail to: amanda@carolinacenter.com or fax to 919-571-8968.

- Have there been any significant medical events (surgeries, ER visits, and consultation with other practitioners) since your last visit? If so, what took place?
- List all prescription medications you are currently taking with dosage, frequency, and route of administration.
- List all supplements, herbs, and homeopathic products you are taking with dosage and frequency.
- Your overall percentage of functioning: (example – 0% - worst ever, 100% - free of symptoms)
- Symptoms that are improved:
- Symptoms that have not improved or have gotten worse:
- Side effects of treatment (diarrhea, yeast, tongue color, rectal itching?)
- Any specific questions?
- Prescription refills needed? Pharmacy phone number:
- Compounded medications needed? Preferred pharmacy:
- Supplement refills needed?
- Date of most recent labwork? Lab orders needed?