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Holistic Medicine and Physiatry
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Plymouth Meeting, PA 19462

AGENDA, INTERVAL HISTORY & COUNSELING

NAME:

DATE: 1/30/2018 f_agenda_t48 .docx

SINCE YOUR LAST VISIT, have you had any...		**No**	**Yes**	**Describe (see back ☐)**
A1	**...change in your health ins. coverage, address, employer?**			☐
A2	**...labs or other tests done for us or any other practitioner?**			☐
A3	...changes in the primary problem(s) or symptoms for which you are here?			☐
A4	... ☐ successes or ☐ difficulties (check) w food plan or supplements?			☐
A5	...visits to ☐other practitioners, ☐hospitals, ☐ER's, ☐surgeries (check and explain)?			☐
A6	... ☐medications started, changed or stopped (check and explain)?			☐
A7	...visits to therapies (check/explain) ☐physical therapy, ☐chiropractic, ☐acupuncture, or ☐other therapy?			☐
A8	...change in your family's medical status?			☐
A9	...change in your stress (relationships, money, etc)?			☐
A10	...change in your work status?			☐
A11	...change in your exercise program?(freq, type)			☐
A12	...change in your diet/fluids/smoking/drinking?			☐
A13	...change in weight or overall health?			☐
A14	...any new allergies to meds or latex?			☐
A15	...rashes or other skin changes?			☐
A16	...bruising or bleeding?			☐
A17	...change in bowels or stomach pain?			☐
A18	...change in mood?			☐
A19	...change in sleep quality?			☐
A20	...change in ability to walk, twist, climb stairs, drive, do buttons/laces			☐
A21	...new joint or muscle pains/stiffness or swelling of joints or extremities?			☐
A22	...changes in consciousness, coordination, numbness or weakness?			☐

B1	Time and contents of breakfast today:	B2	Time and contents of Lunch (yesterday or today):
B3	Time and contents of Dinner last night?	B4	Snacks past 24 hrs
B5	Snacks after dinner (7pm) last night	B6	Fluids past 24 hrs
B7	# of BM's in last 48 hours	B8	Exercise past 48 hrs
B9	36 Activities 2 hrs before bed:	B10	Time to bed last night:
B11	Hours in bed last night:	B12	# of sleep interruptions:
B13	Recent BP and Blood Sugar: (when done):	B14	Weight (incl time of day and clothes worn):

CHECK OFF YOUR PRIORITIES for today's visit:		
		Describe: (see back ☐)
✓	**REVIEW:** last visit, actions, responses, today's agenda	☐
✓	**GOALS/PROBLEMS**: changes or new issues	☐
	LABS to ORDER or REVIEW:	☐
	PRESCRIPTION REFILLS:	☐
	REVIEW **SUPPLEMENTS**:	☐
	OTHER:	☐

PLEASE LEAVE BLANK:
Factors: location, quality, timing, worse, better, context, assoc symp