

Hanson Internal Medicine, P.A.

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**Follow Up Visit Questionnaire**

Please arrive ten minutes prior to your appointment start-time. If you are more than 15 minutes late you will need to reschedule. In an effort to make the most of your appointment, please complete this and bring it with you to your visit. Dr. Hanson will work first to meet your goals, then his as time permits.

Specialty care, hospital visits or tests performed since last visit to clinic

Your goals for today's visit

1. _____
2. _____
3. _____

Prescriptions:

Have you changed any medication since your last visit? Include herbal therapies. Please indicate if you need a new prescription.

Status Cicle one	Medication	Strength of dose	Times taken per day	Date of medi- cation change	New Script needed
New Stopped					Yes No
New Stopped					Yes No
New Stopped					Yes No
New Stopped					Yes No
New Stopped					Yes No

Thank you for helping us be an efficient, effective practice.