



CHOICES IN HEALTH

Where leading-edge medicine meets innovative care

120 Old Laramie Trail East
Lafayette, CO 80026

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www.choicespc.com

PATIENT HEALTH HISTORY UPDATE

Date _____

NAME _____

CURRENT ADDRESS _____

CURRENT PHONE NO: Home _____ Work _____

Any changes in insurance coverage? Yes No N/A
If yes, please give benefits card to receptionist.

Since your last visit with us, have you:

1. Had any surgery? If so, what?

No

Yes, please list _____

2. Had any health problems diagnosed? If so, what?

No

Yes, please list _____

3. Any change in your medications?

No

Yes, please list _____

4. Contracted or been exposed to hepatitis?

No

Yes, please list type _____

5. Contracted or been exposed to HIV (AIDS virus)?

No

Yes

6. If female, are you pregnant?

No

Yes

7. Any other health problems we should know about?

No

Yes, please list _____