

Coastal Medical Clinic P.C. Client Follow Up Information

List all medications and hormones you are currently taking

Name	Dosage	Frequency	Started	Stopped

Are you taking your hormones as prescribed? Yes No

List all Supplements you are currently taking

Name	Dosage	Frequency	Started	Stopped

Are you taking all of your supplements as prescribed? Yes No

Describe your Dietary habits and exercise program since last follow up

Please list or describe improvements you have experienced since your last visit.

Please list or describe concerns you are experiencing and would like to discuss at appt.

Allergies _____ Date _____ Time _____
Name _____ Vital Signs _____

Please complete form prior to follow up appt with Physician