**Adult Return Visit Update Form**

Patient Name Date

1. **What would you like to talk to the doctor about today**?

 1.

 2.

 3.

2. How would you **describe your health** since your last visit?

☐Excellent ☐ Very Good ☐Good ☐Fair ☐Poor

3. Have you been **in the hospital or been to the Emergency Room** since your last visit?

☐Yes ☐ No.

4. Have you seen any **other doctors** since your last visit? ☐Yes ☐ No.

5. Have your **medicines** changed since your last visit? ☐Yes ☐ No.

6. Have you been **exercising**? ☐Yes ☐ No.

7. Have you been **hit, pushed, shoved, kicked, or threatened** by someone important to you?

☐Yes ☐ No.

8. During the past 2 weeks, have you often been bothered by having **little interest or pleasure in doing things**? ☐Yes ☐ No.

9. During the past 2 weeks, have you often been bothered by feeling **down, depressed, or hopeless**? ☐Yes ☐ No.