



**Baylor Scott & White**

**DENTON HEART GROUP**

*A member of HealthTexas Provider Network*

## Follow-up Questionnaire

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

All physicians you currently see: \_\_\_\_\_

\_\_\_\_\_

Reason for Visit: \_\_\_\_\_

---

Any new symptoms:      Y   N    \_\_\_\_\_

\_\_\_\_\_

Recent ER Visit:      Y   N    Date\_\_\_\_\_ Reason\_\_\_\_\_ Location \_\_\_\_\_

Recent Hospitalization:    Y   N    Date\_\_\_\_\_ Reason\_\_\_\_\_ Location \_\_\_\_\_

Recent Urgent Care:      Y   N    Date\_\_\_\_\_ Reason\_\_\_\_\_ Location\_\_\_\_\_

Recent Surgeries:      Y   N    Date\_\_\_\_\_ What\_\_\_\_\_ Location\_\_\_\_\_

---

Any allergies: \_\_\_\_\_

Have any providers stopped or changed medications since last visit:    Y   N

If yes, please list: \_\_\_\_\_

\_\_\_\_\_

Have you ever smoked:    Y   N

Currently smoking:      Y   N      If yes, are you ready to quit    Y   N

Have you had any pain in your legs, hips, or lower back:    Y    N

Do you have any wounds or open sores on your feet:      Y    N