Dear Patient Name,

You are scheduled for an office visit [add text in here for your organization, message to bring all medicines to the office, how early to come etc. Can add Smart Template for future appointments if desired.]

[ MU Future Appointments ]

We are improving your electronic health record. Now you will have only one record that will be used wherever you are seen throughout the Northern Light Health System.
Depending on when you were last seen in the hospital or Emergency Room, this record may not match your most recent office record.

We need to verify your chart data and update all items. Please bear with us as we make sure all your information is correct and up to date.
Below is the information we currently have in your record.

Please review and verify the information, and also fill out the questionnaire on the following pages.
Here is what is currently in your chart:

Allergies:
Your allergies are recorded as:
[ Allergies (w/reaction) ST ]
Is there anything new you are allergic to? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Problems:
Your medical problems are recorded as:
[ PROBLEMS All ST ]
Do you have any new diagnoses? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Procedures and Implants:
The major procedures we have listed for you are:
[ Procedure History 2012 ]
Have you had any surgery, invasive tests, or implants since we last saw you?
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medications:
Below is your most recent medication list:
[ Discharge Medications ]

Be prepared to review all your medicines at your visit.
Remember to include any vitamins, herbal, botanical, or nutritional supplements.
PLEASE BRING ALL YOUR MEDICATIONS IN Rx BOTTLES to the office if you have any questions about your medicines or trouble remembering what you take!

Please circle if you take any of the following medicines:

|  |  |  |
| --- | --- | --- |
| Aspirin | Clopidogrel (Plavix) | Digoxin |
| Insulin | Warfarin/Coumadin | Xa inhibitors/blood thinners(Eliquis,Pradaxa,Xarelto) |

List any new medicines you are taking: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any trouble taking any of your medications? \_\_\_Yes \_\_\_No
If so, what sort of trouble: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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Thank you for your patience with this process.
Please complete the following pages and bring all your paperwork to your office appointment.