



The Wellness Track Urgent Care Clinic
 Bridgestone/Business and Industry, Aiken Regional Medical Cent
 #1 Bridgestone Parkway, Graniteville, SC 29229
 Office: (803) 232-2211 Fax: (330) 572-6791

VISIT FORM

Today's Date: Crew and Area: Pref'd Cont Phone:
 Last Name, First Name, MI: Nickname DOB: Age:

MINI-MEDICAL HISTORY

ALLERGIES: No known drug allergies

ACTIVE PRESCRIPTIONS: No active prescribed medications No medication changes since last visit

If this is your 2d+ visit - Please list NEW medications since last visit -- Include dose and purpose:

OTC/As Needed MEDICATIONS and PURPOSE:

List OTC's used more than twice in the last 30 days

Women: Last Menstrual Period: _____ No longer menstruating: hysterectomy / ablation /menopause /stopped with medication: Depo Provera / Seasonale

VISIT INFORMATION

Reason for visit today:

How long has this issue concerned you?

Is it getting: worse / better / fluctuates

What treatments have you tried? Include medication, ice, rest, heat, elevation, avoiding event, etc.

Is anything helpful, even for a short time? Yes / No / Sometimes / hard to tell

List what works:

Additional Comments (if needed):

REVIEW OF SYMPTOMS

Go to the next page (Review of Symptoms) for review of symptoms that are bothering you today. Please complete this form.

Check which symptoms are bothering you today. You only need to review the body system that triggered your visit today. For example: A cold or allergies - look at General Symptoms, Head, Eyes, Ears, Nose, Throat, Mouth, Neck, Lungs, and maybe Abdomen. For high blood pressure - look at: General Symptoms, Head, Eyes, Nose, Heart, Lungs, Bladder/Kidneys and Brain.