Dr. Felice's YOUTHFUL iMAGES
It's not about being young. It's about being you.

ANNUAL MEDICAL INFORMATION UPDATE

Please update our records

Patient Name _____
FIRST **MIDDLE** **LAST**

Address _____

_____

Home Phone Number _____ Cell Phone Number _____

Work Phone Number _____ Ext _____

E-mail address _____ ____You may contact me via the internet

ALLERGIES to LATEX ☐ yes ☐ no **ALLERGIES to MEDICATIONS ☐ yes ☐ no**
List: _____
_____
_____

CURRENT MEDICATIONS (include herbs & vitamins)
List: _____
_____
_____

Smoking Status:	Currently Smoking	☐ yes	☐ no
	Currently using Nicotine Patch or Gum	☐ yes	☐ no

Describe in detail any of the following items marked (YES) and any other changes in your medical status:

MVP(Mitral Valve Prolapse)	☐ yes	☐ no	Cardiac Changes	☐ yes	☐ no
Cancer	☐ yes	☐ no	HIV	☐ yes	☐ no
Diabetes	☐ yes	☐ no	Hepatitus B, C, other	☐ yes	☐ no
Thyroid Changes	☐ yes	☐ no	Recent Surgery	☐ yes	☐ no
Dry Eye	☐ yes	☐ no			

Mental Status/Life Changes (depression, anxiety, divorce, death of spouse)	☐ yes	☐ no
Other Medical Changes (pregnancy, asthma, etc…)	☐ yes	☐ no

Explanation of any items marked YES
_____
_____
_____

Patient Signature _____

Date: _____

Update entered to IMS _____