

Name: _____ DOB: _____ Date: _____

Medical Assistant Update Questionnaire:
Ask patients these questions once a year

Since your last History Questionnaire in the chart dated _____:

1. Has there been any changes or new developments in your medical condition

2. Are you taking any new medication?

3. Have you had new any new diagnoses, or surgeries?

4. Any changes in your social history, i.e., alcohol or drug or coffee consumption?

5. Any changes in your Family History regarding first degree relatives; i.e. sibling, parents, or children?
