Marissa Yates, M.D.
Texas Physicians Group

Returning Patient Update Form

TPG - Slide
7202 Slide Rd. Ste. #100
Lubbock, Texas, 79424

Physician Marissa Yates, M.D. Patient Type

First Name MI Last Name Primary Phone

Reason for Visit

MEDICATION ALLERGIES
Are there any changes to your medication allergies? Y☐ N☐

MEDICAL HISTORY
Are there any changes to your medical history? Y☐ N☐

CURRENT MEDICATIONS
Are there any changes to your medications since you've seen Dr. Yates? Y☐ N☐

HOSPITAL ADMISSIONS
Have there been any changes to your hospital admissions? Y☐ ☐

FAMILY MEDICAL HISTORY
Are there any changes to family medical history? Y☐ N☐

PHYSICIAN / SPECIALIST INFORMATION
Are there any changes to physician information? Y☐ N☐

Are you interested in hearing more about our medical weight loss program? Y☐ N☐

Please add any additional notes about your visit here:

(806) 712-0150

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REVIEW OF SYSTEMS

All below are Negative ☐

General	N	Y
Fever	☐	☐
Chills	☐	☐
Sweats	☐	☐
Anorexia	☐	☐
Fatigue	☐	☐
Weakness	☐	☐
Malaise	☐	☐
Weight Loss	☐	☐
Sleep Disorder	☐	☐

All below are Negative ☐

Respiratory	N	Y
Sleep Disturbances Due to Snoring	☐	☐
Cough	☐	☐
Shortness of Breath	☐	☐
Coughing Up Blood	☐	☐
Chest Discomfort	☐	☐
Wheezing	☐	☐
Excessive Sputum/Plem	☐	☐
Excessive Snoring	☐	☐

All below are Negative ☐

Musculoskeletal	N	Y
Joint Swelling	☐	☐
Muscle Cramps	☐	☐
Joint Pain	☐	☐
Presence of Joint Fluid	☐	☐
Back Pain	☐	☐
Stiffness	☐	☐
Muscle Weakness	☐	☐
Arthritis	☐	☐
Gout	☐	☐
Loss of Strength	☐	☐
Muscle AchesAches	☐	☐

All below are Negative ☐

Endocrine	N	Y
Excessive Hunger	☐	☐
Cold Intolerance	☐	☐
Heat Intolerance	☐	☐
Excessive Urination	☐	☐
Excessive Thirst	☐	☐
Unexpected Weight Fluctuation	☐	☐

All below are Negative ☐

Heme	N	Y
Enlarged Lymph Nodes	☐	☐
Easy Bleeding	☐	☐
Skin Discoloration	☐	☐
Easy Bruising	☐	☐
Fevers	☐	☐

All below are Negative ☐

Eye	N	Y
Vision Loss - 1 Eye	☐	☐
Double Vision	☐	☐
Eye Irritation	☐	☐
Vision Loss - Both Eyes	☐	☐
Blurring	☐	☐
Eye Pain	☐	☐
Halos	☐	☐
Discharge	☐	☐
Light Sensitivity	☐	☐

All below are Negative ☐

ENT	N	Y
Ringing In Ears	☐	☐
Ear Discharge	☐	☐
Ear Ache	☐	☐
Decreased Hearing	☐	☐
Nasal Congestion	☐	☐
Nosebleeds	☐	☐
Difficulty Swallowing	☐	☐
Hoarseness	☐	☐
Sore Throat	☐	☐

All below are Negative ☐

GI	N	Y
Excessive Appetite	☐	☐
Loss of Appetite	☐	☐
Indigestion	☐	☐
Vomiting Blood	☐	☐
Nausea	☐	☐
Vomiting	☐	☐
Yellowish Skin Color	☐	☐
Gas	☐	☐
Abdominal Pain	☐	☐
Abdominal Bloating	☐	☐
Hemorrhoids	☐	☐
Diarrhea	☐	☐
Change in Bowel Habits	☐	☐
Constipation	☐	☐
Dark Tarry Stools	☐	☐
Bloody Stools	☐	☐

All below are Negative ☐

Neuro	N	Y
Difficulty with Concentration	☐	☐
Poor Balance	☐	☐
Headaches	☐	☐
Disturbances in Coordination	☐	☐
Numbness	☐	☐
Inability to Speak	☐	☐
Falling Down	☐	☐
Tingling	☐	☐
Brief Paralysis	☐	☐
Visual Disturbances	☐	☐
Seizures	☐	☐
Weakness	☐	☐
Sensation of Room Spinning	☐	☐
Tremors	☐	☐
Fainting	☐	☐
Excessive Daytime Sleeping	☐	☐
Memory Loss	☐	☐

All below are Negative ☐

Cardiovascular	N	Y
Difficulty Breathing at Night	☐	☐
Near Fainting	☐	☐
Chest Pain or Discomfort	☐	☐
Racing/Skipping Heart Beats	☐	☐
Fatigue	☐	☐
Lightheadedness	☐	☐
Shortness of Breath	☐	☐
Palpitations	☐	☐
Swelling of Hands or Feet	☐	☐
Difficulty Breathing While Lying Down	☐	☐
Fainting	☐	☐
Leg Cramps with Exertion	☐	☐
Bluish Discoloration of Lips or Nails	☐	☐
Weight Gain	☐	☐

All below are Negative ☐

Genital / Urinary	N	Y
Foul Urinary Discharge	☐	☐
Blood in Urine	☐	☐
Urinary Frequency	☐	☐
Inability to Empty Bladder	☐	☐
Urinary Urgency	☐	☐
Kidney Pain	☐	☐
Trouble Starting Urinary Stream	☐	☐
Painful Urination	☐	☐
Night Time Urination	☐	☐
Inability to Control Bladder	☐	☐
Genital Sores	☐	☐
Lack of Sexual Drive	☐	☐
Excessive Heavy Periods	☐	☐
Missed Periods	☐	☐
Unusual Urinary Color	☐	☐
Abnormal Vaginal Bleeding	☐	☐
Pelvic Pain	☐	☐

All below are Negative ☐

Psych	N	Y
Sense of Great Danger	☐	☐
Anxiety	☐	☐
Thoughts of Suicide	☐	☐
Mental Problems	☐	☐
Depression	☐	☐
Thoughts of Violence	☐	☐
Frightening Visions or Sounds	☐	☐

All below are Negative ☐

Allergy	N	Y
Persistent Infections	☐	☐
Hives or Rash	☐	☐
Seasonal Allergies	☐	☐

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