



Established Patient Information

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

**Welcome back to Healing Arts Community Health Center of Blanco and Canyon Lake.**  
Please list questions for today on the back of this form.

Ht
Wt
BP
Temp
HR
Resp
O2 Sat

- 1) Please present your current insurance card to the front office.
- 2) Please confirm or correct your contact information.

Preferred Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

Address \_\_\_\_\_

email \_\_\_\_\_

- 3) Please list health care providers you have seen since your last visit. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 4) Please list your current prescription medications. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 5) Please list your supplements and over the counter medications. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 6) Please list tests, procedures, or services you have received since your last visit. \_\_\_\_\_  
\_\_\_\_\_

- 7) Please list any known allergies to medications, foods, herbs, chemicals, or environmental factors  
\_\_\_\_\_