

# FAMILY FIRST HEALTH CENTER

Faith, Hope, & Hormones  
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## **Pre-Visit Update Form**

Please kindly complete all questions and either email your completed form to [familyfirsthealth@gpcom.net](mailto:familyfirsthealth@gpcom.net) or bring it with you to your upcoming visit. *Thank you!*

Name: \_\_\_\_\_ Date: \_\_\_\_\_

What positive changes have you noticed since your last appointment? \_\_\_\_\_

What are your main concerns at this time? \_\_\_\_\_

Any changes with weight and/or waist size? \_\_\_\_\_

Constipation or diarrhea? Gas or bloating? Which? \_\_\_\_\_

Is your energy level higher or lower lately? \_\_\_\_\_ To what do you attribute this energy level? \_\_\_\_\_

Are you having any pain on a regular basis? Please describe \_\_\_\_\_

Is this an ongoing pain? Is it better, the same, or worse than before? \_\_\_\_\_

How is your sleep? \_\_\_\_\_ How is your mood? \_\_\_\_\_

Are you receiving support from those around you, for the changes you are making? \_\_\_\_\_

Are you taking all supplements consistently? \_\_\_\_\_ Any concerns? \_\_\_\_\_

What do you see as a significant barrier to you making more/faster progress toward your health goals?

Are you cooking more? \_\_\_\_\_ What do you crave? What are you doing or feeling when you crave?

<u>Breakfast</u>	<u>Lunch</u>	<u>Dinner</u>	<u>Snacks</u>	<u>Liquids</u>

Any other comments you wish to share? \_\_\_\_\_

Do you have any particular questions or topics that you would like to cover in our next visit?