

# Harmony Women's Health

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

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

**Current medications:**

**Any new medications, supplements, or medical problems since last visit?**

**What issues do you want to address today?** \_\_\_\_\_

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<b>Assessment</b>	<b>Plan</b>
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	



**Instructions for filling out this form:**

We want you to get the most out of your consultation with Dr. Metzger. In order to be able to focus on the problems most important and relevant to you, we need to have you fill out the attached form completely. We know it is a chore to write down each medication that you are taking, but this saves all of us time. Many patients keep a list on their computer, update it prior to their appointment, and attach it to the paperwork.

