

CLINICAL APPRAISAL : FOLLOW-UP



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Client Name

Date

INSTRUCTIONS

If you are an existing client, you are not required to complete a new Clinical Appraisal Indicator. However, please complete this **Follow-up** to update us on any changes in your condition, medications or supplements since your last appointment with us. ~ *Thank You!*

IMPORTANT - Please list below your four main health complaints in order of importance:

- 1) _____
- 2) _____
- 3) _____
- 4) _____

PLEASE FILL IN BELOW:

Name: _____ Phone No: _____

Address: _____ City: _____ State: _____ Zip: _____

Birthdate: _____ Weight: _____ Height: _____ Married: Yes / No Gender: Male / Female

Email Address: _____ Occupation: _____

Present Diagnosed Illnesses: _____

Please List any Medications or Supplements you are presently taking: _____

Client Signature

Date

Technician Signature

Date

(Restricted to Professional Use Only)