VMP, llc
Expanding Genetic Horizons

Voice: 404.793.7800
Fax: 866.744.5665
www.vmpgenetics.com

FOLLOW UP FORM:

Patient's Name _____ Date of Birth _____ Date of Last Appointment _____

This form can be filled out online in your patient portal account or you may fax or email this form back along with any recent ***labs or records 2 – 3 weeks prior to your appointment.***

CHANGES OR ADDITIONS TO DIAGNOSIS: _____

CHANGES FROM LAST APPT: _____

VACCINE: *Have you received the COVID vaccine? If so, which one and when?* _____

LABS: *Did you have the recommended testing from your last appt performed?* ☐ Yes ☐ No

MEDICATIONS: (name of medication & dosage, use another sheet if needed)

ALLERGIES: _____

HOSPITALIZATIONS OR SURGERIES: (List all hospital admissions - name of hospital, length of stay, reason for admission)

MDS TO RECEIVE NOTE: *we will send our note to the last set of physicians to receive a note from us, UNLESS checked here*

☐ add the following MDs ☐ ONLY send to the following MDs

NEED PHYSICIAN FIRST AND LAST NAME, FAX NUMBER, PRACTICE NAME, ADDRESS, PHONE NUMBER, SPECIALTY. SUPPLY A SEPARATE SHEET IF NECESSARY.

OTHER INFO, CHANGES, LIFE EVENTS (address, phone, email, insurance, marriage, divorce)**:**