Dr. Clark W. Brazil, M.D.
Diplomate American Board of Surgery, Diplomate American Board of Phlebology
Registered Physician in Vascular Interpretation, Registered Diagnostic Medical Sonographer
Vascular Center of Wichita Falls—Accredited, Intersocietal Accreditation Commission
1508 Tenth Street, Wichita Falls, TX 76301 940-322-6671
http://vascularcenterwf.com

Patient Problem & Update

Please Complete Prior to Seeing the Doctor

NAME: ________________________________ AGE: ______ DATE: ____________________

Address:____ Phone: (______)_______________
Street City State Zip Area Number

Please describe your problem or concerns today:____

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SINCE YOU WERE HERE LAST, HAVE YOU HAD ANY MEDICATION CHANGES? ☐ YES ☐ NO IF YES, PLEASE LIST.

Name of Medication	New	D/Cd	Dosage	Frequency

LIST ALL OVER-THE-COUNTER MEDICATIONS AND HERBS AND VITAMINS AND INCLUDE DOSAGE AND FREQUENCY.

Name	Dosage	Frequency

ARE YOU ALLERGIC TO ANY MEDICATION? ☐ YES ☐ NO IF YES, PLEASE LIST AND GIVE YOUR REACTION TO THE DRUG.

Name of Medication	Reaction

HAVE YOU BEEN HOSPITALIZED OR HAD SURGERY SINCE YOU LAST SAW DR. BRAZIL? ☐ YES ☐ NO IF YES, PLEASE LIST.

Admit Date	Name of Hospital	Reason for Admission and/or Surgery Performed

HAVE YOU SEEN ANY OTHER DOCTOR SINCE YOUR LAST VISIT HERE? ☐ YES ☐ NO IF YES, PLEASE LIST.

Name of Doctor	Reason for Visit

PLEASE DESCRIBE ANY OTHER CHANGES IN YOUR LIFE THAT YOU FEEL THE DOCTOR SHOULD KNOW ABOUT IN ORDER TO PROVIDE YOU THE BEST CARE POSSIBLE:

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Patient Name ____