



**TRANQUIL**  
*Healing Center*

## Visit Update Form

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

Please list the health issue(s) that we will be discussing today: \_\_\_\_\_

Please list any new health history or family history that has occurred since your last visit : \_\_\_\_\_

The following are a list of Medications and Supplements that I currently have on record for you. Please make any necessary changes /updates to the list, sign, and date the bottom of the form.

Medication	Dose

Supplement	Dose

By checking this box and signing below I understand and agree to the current financial policies of the clinic. I agree to pay all charges that are a result of this visit.

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