



La Altura Pediatrics
Dominion Hills Plaza
21195 IH-10 West, Suite 2101
San Antonio, TX 78257

FOLLOW UP VISIT FORM

Patient Name: _____ DOB: _____ Date: _____

Current Phone Number: _____

Current Email Address: _____

Preferred Pharmacy: _____

Has your address changed? Yes No

If yes, please provide your new address: _____

Are there any marital/ household / custody changes? Yes No

If yes, please describe: _____

Has your insurance changed? Yes No

If yes, please provide your new information:

New Primary Insurance Name: _____

ID Number: _____ Group Number: _____

Do you have any medication changes? Yes No

If yes, please provide any new medications: _____

Do you have any new allergies? Yes No

If yes, please list: _____

Have any new tests or labs been done? Yes No

If yes, please list: _____

What is the reason for your visit today?

Patient or Guardian Signature: _____ **Print Name:** _____