Paperlink Complete Action

Your clients will be able to use the annotation tools to complete a form like this. First Name, Last Name, Full Name and Date lines was automatically filled as it the Stickers were placed in those areas.

First Name: Juan Last Name: Arias Date: 10/23/2023

DOB: _____ Address: _____

Phone No.: _____ Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widow

Main reason for this appointment:_____

Smoker: ☐ Never ☐ Previous ☐ Current smoker: No of cigarettes a day _____

Check whether you had ever had the follow:

*Please check whether or not you CURRENTLY HAVE, or HAD in the PAST FEW WEEKS:					
	Yes	No		Yes	No
Fatigue	☐	☐	Nausea	☐	☐
Fever/ Chills	☐	☐	Vomiting	☐	☐
Recent weight change	☐	☐	Abdominal Pain	☐	☐
Headache	☐	☐	Black Tarry Stools	☐	☐
Vision Problems	☐	☐	Rectal Bleeding	☐	☐
Double Vision	☐	☐	Diarrhea	☐	☐
Blurred Vision	☐	☐	Blood in Urine	☐	☐

List medications that you are currently taking now:

Medication Chart				
Medication	**Prescribed by**	**Dose**	**Frequency**	**Purpose**

Full Name _____

J A
10/23/2023 0907JA
Signature

J
10/23/2023 0907JA
Initial

Date