



EDITH A JONES-POLAND, M.D.  
and Associates, Inc.  
57475 29 Palms Hwy, Suite 101  
Yucca Valley, CA 92284

Dear Patient, ( Patient name and date: \_\_\_\_\_ / \_\_\_\_\_ )

In order to address your health care concerns today, please complete the questions below:

What is the **one** main concern you would like Dr. Jones-Poland to **focus** on today?

\_\_\_\_\_

What other concerns do you have today?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Do you need any prescriptions refilled today?

- No
- Yes Please list: 1. \_\_\_\_\_ 2. \_\_\_\_\_
3. \_\_\_\_\_ 4. \_\_\_\_\_
5. \_\_\_\_\_ 6. \_\_\_\_\_

Please list any *specialists* you have seen and *tests* you have had outside of our office since your last visit:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

E-Mail address: \_\_\_\_\_

Thank you,  
Dr. Jones-Poland