

Section 1: General Information Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Email: _____	Section 2: Personal History Age: _____ Gender: _____ Marital Status: _____ Occupation: _____ Education: _____ Religion: _____ Political Affiliation: _____ Interests: _____	Section 3: Medical History Current Medications: _____ Previous Illnesses: _____ Surgical History: _____ Allergies: _____ Family Medical History: _____ Genetic Testing: _____	Section 4: Mental Health Current Symptoms: _____ Previous Mental Health Issues: _____ Treatment History: _____ Therapist: _____ Medication: _____	Section 5: Social History Current Residence: _____ Previous Residences: _____ Current Employment: _____ Previous Employers: _____ Current Income: _____ Previous Income: _____	Section 6: Physical Examination Height: _____ Weight: _____ Weight Change: _____ Heart Rate: _____ Blood Pressure: _____ Respiratory: _____ Gastrointestinal: _____ Genitourinary: _____ Neurological: _____ Musculoskeletal: _____ Skin: _____	Section 7: Laboratory Tests Complete Blood Count: _____ Basic Metabolic Panel: _____ Liver Function Tests: _____ Thyroid Function Tests: _____ Uric Acid: _____ Creatinine: _____ Prostate-Specific Antigen: _____ Human Chorionic Gonadotropin: _____	Section 8: Imaging Studies Chest X-ray: _____ Abdominal Ultrasound: _____ MRI: _____ CT Scan: _____ PET Scan: _____ Biopsy: _____	Section 9: Treatment Plan Current Treatment: _____ Previous Treatments: _____ Therapy: _____ Medication: _____ Surgery: _____ Other: _____	Section 10: Prognosis Current Status: _____ Prognosis: _____ Follow-up: _____ Referral: _____	Section 11: Patient Education Current Knowledge: _____ Learning Needs: _____ Education: _____ Therapy: _____ Medication: _____ Surgery: _____ Other: _____	Section 12: Summary Summary: _____ Recommendations: _____ Follow-up: _____ Referral: _____
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