Rx Date

Vitals

Pulse Rate:
Height :
HbA1c:
Blood Sugar :
ECG :

Weight:
BMI :
Blood Pressure:
Temperature :

DIAGNOSIS

CURRENT COMPLAINTS

INSTRUCTION

OBSERVATION

PROCEDURE

INVESTIGATION

Assessment Report

Treatment History:

Surgery History:

Personal/Medical History:

Family History

Name	Relationship	Condition	No. of Years

Alcohol Consumption:

Physical Activity:

Smoking Habits:

Food Preference:

Prescription

Lab Test

Exercise

Suggested Exercise:

Duration/ Week:

Suggested Days:

Expected Benefits:

Doctor's Instruction:

Plan Duration:

Daily/ Day:

Diet Plan

Plan Duration: **Suggested Kcal Intake:**

Time	Food	Serving	Instruction

Benefits

Next Suggested Appointment: :

Patient name: **Age / Gender:**
Visit No: **Visit Date:**
Doctor Name: **Patient ID:**

Vitals

Pulse Rate: **Weight:**
height : **BMI :**
HbA1c: **Blood Pressure:**
Blood Sugar : **Temperature :**
ECG :

History & Examination

Diagnosis :
Current Complaints :
Instruction :
Observation :
Procedure :
Investigation :

History

Treatment History:

Surgery History:

Personal History:

Family History

Name	Relationship	Condition	No. of Years

Alcohol Consumption: **Smoking Habits:**

Physical Activity: **Food Preference:**

Prescription

Lab Test

Exercise

Suggested Exercise: **Plan Duration:**

Duration/ Week: **Daily/ Day:**

Suggested Days:

Expected Benefits:

Doctor's Instruction:

Diet Plan

Plan Duration: **Suggested Kcal Intake:**

Time	Food	Serving	Instruction

Benefits

Next Suggested Appointment(Review): :