

Patient \_\_\_\_\_

**FOR OFFICE USE ONLY**

This record of the patient's past medical history, surgical history, current medications, allergies, review of systems, family and social histories has been reviewed by me.  
This information is a permanent part of my consultation for this patient.

**INITIAL VISIT**

BP \_\_\_ / \_\_\_ P \_\_\_ / \_\_\_ RR \_\_\_ / \_\_\_ HT \_\_\_ / \_\_\_ WT \_\_\_ / \_\_\_

Reviewed by \_\_\_\_\_ Date \_\_\_ / \_\_\_ / \_\_\_

**RETURN VISITS**

BP \_\_\_ / \_\_\_ P \_\_\_ / \_\_\_ RR \_\_\_ / \_\_\_ HT \_\_\_ / \_\_\_ WT \_\_\_ / \_\_\_

Meds/Review of Systems \_\_\_\_\_ Changed/Unchanged  
Reviewed by \_\_\_\_\_ Date \_\_\_ / \_\_\_ / \_\_\_

BP \_\_\_ / \_\_\_ P \_\_\_ / \_\_\_ RR \_\_\_ / \_\_\_ HT \_\_\_ / \_\_\_ WT \_\_\_ / \_\_\_

Meds/Review of Systems \_\_\_\_\_ Changed/Unchanged  
Reviewed by \_\_\_\_\_ Date \_\_\_ / \_\_\_ / \_\_\_

BP \_\_\_ / \_\_\_ P \_\_\_ / \_\_\_ RR \_\_\_ / \_\_\_ HT \_\_\_ / \_\_\_ WT \_\_\_ / \_\_\_

Meds/Review of Systems \_\_\_\_\_ Changed/Unchanged  
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BP \_\_\_ / \_\_\_ P \_\_\_ / \_\_\_ RR \_\_\_ / \_\_\_ HT \_\_\_ / \_\_\_ WT \_\_\_ / \_\_\_

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BP \_\_\_ / \_\_\_ P \_\_\_ / \_\_\_ RR \_\_\_ / \_\_\_ HT \_\_\_ / \_\_\_ WT \_\_\_ / \_\_\_

Meds/Review of Systems \_\_\_\_\_ Changed/Unchanged  
Reviewed by \_\_\_\_\_ Date \_\_\_ / \_\_\_ / \_\_\_

**NOTES:** \_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_