

A professional to help you develop a plan, gather resources and find solutions.

Resources. Experience. Solutions.

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Name:	DOB:	Date:		Гіте:	
Address:		Physician: _			
		W:	B/P:	P/HR:	
Emergency Contact(name	e,number,address):	Resp:	O2:	Temp:	
		Questions fo	or Doctor:		
		Doctor Con	nments:		
					
		New Meds:			
		_			
		_			
Allergies:					
		_			
		Next Appoir	tment:		

Date:	Time:	Medications List:
Physician:		Prescription Medications:
W:B	/P: P/HR:	<u> </u>
Resp: (D2: Temp:	
Questions for Doctor:		
		Over-the-Counter Medications:
New Meds:		
		<u> </u>
D/C Meds:		
Next Appointment:		

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Date:		Гіте:	Date:		Time:	
Physician:			Physician:			
W:	B/P:	P/HR:	W:	B/P:	P/HR:	
Resp:	O2:	Temp:	Resp:	O2:	Temp:	
Questions for	r Doctor:		Questions for	· Doctor:		
Doctor Com	ments:		Doctor Com	ments:		
			New Meds: _			
D/C Meds: _			D/C Meds: _			
Next Appoint	ment:		Next Appoint	ment:		21

Physician: Physician: W: B/P: P/HR: Resp: O2: Temp: Questions for Doctor: Questions for Doctor: Doctor Comments: Doctor Comments:	
Resp:	
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Doctor Comments: Doctor Comments:	
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Physician:			
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Date: Time:	Date: Time:
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Resp: O2: Temp:	Resp: O2: Temp:
Questions for Doctor:	Questions for Doctor:
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D/C Meds:	D/C Meds:
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Questions for Doctor:	Questions for Doctor:
Doctor Comments:	Doctor Comments:
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Date:	Tim	ne:	Date:		Гіте:
Physician:			Physician:		
W:	B/P:	P/HR:	W:	B/P:	P/HR:
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Date:		Time:	Date:		Time:	
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W:	B/P:	P/HR:	W:	B/P:	P/HR:	
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D/C Meds:			D/C Meds:			
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