Discovery Call Documentation Sheet

Potential patient’s information	
Full name:	
Age:	**Gender:**
Contact number:	**Email address:**
Address:	
Date of call:	
Potential patient’s medical history (pre-call information)	
Family medical history:	
Personal medical history, including any surgeries they’ve had:	
Known allergies:	
Current medication (if any):	

Potential patient’s current health concerns		
Chief complaint:		
Symptoms:		
How long have they been experiencing the symptoms?		
Potential patient’s current lifestyle and habits		
Current diet:	**Exercises they undergo:**	**Are they getting enough sleep?**

Potential patient’s treatment expectations
What is their desired outcome?
What are their treatment preferences?
Call handler’s information
Full name:
Email address:
Signature: