Healthcare Practitioner Form

Patient Information
Full Name: Raymond Carter
Date of Birth:03/15/1980
Gender: ☑ Male ☐ Female ☐ Other:
Contact Information:
Home Phone:(555) 123-4567
Mobile Phone:+12246283880
Email:raymond.carter@email.com
Medical History
Primary Care Physician: Dr. Emily Johnson
Medical Conditions:
Chronic Illnesses:
Hypertension
Previous Surgeries:
Appendectomy (2005)
Allergies:
Medications:
Penicillin
Other:
Bee stings
Current Medications
List all medications, dosages, and frequencies.
" Lisinopril - 10mg once daily " Hydrochlorothiazide - 25mg once daily

Social History
Lifestyle:
Diet:
Balanced diet, low sodium
Exercise:
Regular walks, light gym workouts.
Smoking / Alcohol:
Non-smoker, occasional alcohol consumption
Occupation: Accountant
Support System:
Family / Friends involved in care:
Wife, Jane Carter
Assessment
Vital Signs:
Blood Pressure:130/80 mmHg
Heart Rate:72 bpm
Respiratory Rate:16 breaths per minute
Temperature:98.6°F
Physical Exam:
General Appearance:Alert and oriented, no acute distress
Cardiovascular:Regular rate and rhythm, no murmurs or gallops
Respiratory:Clear lung fields bilaterally
Neurological:Cranial nerves intact, no focal deficits
Other Relevant Findings:
BMI 25 (normal weight)

Treatment Plan

Diagnosis:

Hypertension

Prescribed Medications:

Dosages and Frequencies.

" Lisinopril - 10mg once daily
" Hydrochlorothiazide - 25mg once daily

Special Instructions:

Monitor blood pressure regularly at home. Follow-up appointment in 3 months.

Follow-Up Recommendations:

Schedule appointment with primary care physician for further evaluation.

Patient Consent

I, the undersigned, understand and consent to the information provided in this form. I acknowledge that this information is vital for my healthcare provider to deliver appropriate and effective care.

Patient's Signature:

Raymond Carter

Date:03/12/2024