

# Disease Assessment and Management

Patient Information			
Name:			
Age:			
Gender:	Male	Female	Other:
Medical Record Number:			
Date of Visit:			
Medical History			
Date of Diagnosis:			
Duration of Illness:			
Previous Treatments:			
Comorbidities:			
Complications:			
Allergies:			
Current Symptoms / Concerns			
Chief Complaint:			
Presenting Symptoms:			
Duration and Severity:			
Aggravating / Alleviating Factors:			

## Physical Examination

Vital Signs	
BP:	mmHg
HR:	bpm
RR:	bpm
Temp:	°F/°C
General Appearance:	
System-Specific Examination Findings	
Cardiovascular:	
Neurological:	
Dermatological:	

## Laboratory and Diagnostic Tests

<b>Fasting Blood Glucose:</b>		mg / dL
<b>HbA1c:</b>		%
<b>Lipid Profile</b>	Total Cholesterol:	mg / dL
	LDL:	mg / dL
	HDL:	mg / dL
	Triglycerides:	mg / dL
<b>Renal Function Tests</b>	Serum Creatinine:	mg / dL
	eGFR:	mL / min / 1.73m <sup>2</sup>
<b>Urine Microalbumin:</b>		

**Treatment Plan**

Medications:

Procedures / Interventions:

Rehabilitation / Therapy:

Dietary Recommendations:

Lifestyle Modifications:

Referral to:

**Education and Counseling**

Disease Education:

Medication Adherence:

Lifestyle Recommendations:

Safety Precautions:

**Follow-Up Plan**

Date of Next Appointment:

Monitoring Parameters:

Goals of Therapy:

**Additional Notes / Comments**