

# 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**