Medical Diagnosis Form

Name: Mia Roberts	Date of Birth: September 3, 1997
Gender: ○ Male ◉ Female ○ Other:	
Contact Information: (234) 567-8910, miar@gmail.com	
Medical History	
Past Surgeries: Appendectomy in 2010	
Illnesses: Asthma	
Medications: Inhaler for asthma	
Allergies: Penicillin, pollen	
Family Medical History:	
Father: Diabetes; Mother: Hypertension	
Presenting Complaint	
Current Symptoms:	
Headache, fatigue, and occasional nausea	
Duration: 3 days	
Review of Systems	
Please check any symptoms or issues you are currently experiencing:	
☐ Fever	☐ Abdominal Pain
☐ Cough	☑ Nausea / Vomiting
☐ Shortness of breath	☐ Diarrhea
☐ Chest pain	☑ Fatigue
☑ Headache	☐ Other:

Physical Examination Findings	
Doctor’s Observations:	
Normal heart and lung sounds. Mild tenderness on palpation in the abdominal region. No visible signs of distress.	

Diagnostic Tests	
Test Ordered:	
☐ X-ray ☑ Blood Tests ☑ Urine Tests ☑ Other: CT Scan	

Assessment and Plan	
Diagnosis:	
Migraine with possible dehydration	
Treatment Plan:	
Prescribed medication for migraine relief. Recommended increased fluid intake. Advised to rest and avoid bright lights and loud noises.	
Follow-up Instructions:	
Schedule a follow-up appointment in one week for further evaluation. Monitor symptoms and return if they worsen.	

Physician Information	
Name:	Dr. Sara Klein
Contact Information:	(321) 654-0987
Date:	April 15, 2029
Physician’s Signature:	SARA KLEIN

Disclaimer: This Medical Diagnosis Form is solely for documentation purposes and is not intended to be an actual diagnostic tool.