

TOTAL HEALTH CLINIC

Patient detail**Personal information***Example*

Name Julie Anne *Garcia*.....
Contact phone 1.....
Date of birth 2....., 1992
Occupation works as a 3.....
Insurance company 4..... Life Insurance

Details of the problem

Type of problem pain in her left 5.....
When it began 6..... ago
Action already taken has taken painkillers and applied ice

Other information

Sports played belongs to a 7..... club
 goes 8..... Regularly
Medical history injured her 9..... last year
 no allergies
 no regular medication apart from 10.....