

TOTAL HEALTH CLINIC

PATIENT DETAILS

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 _____