Record summary

Name, first name: _____ **Sex:** _____

Date of birth: _____ **Health insurance no.:** _____

Telephone: _____ **Hospital record no.:** _____

Date	Medical history

Date	Surgical history

Weight:
Waist circumference or BMI:

Major investigations

Family history

Smoking

Alcohol

Allergies

Intolerance to medication

Immunizations

Relevant elements

Instruments used: Sphygmomanometer ☐ Glucometer ☐ Other ☐

Reviewed on: _____, _____, _____, _____, _____, _____, _____, _____

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