

	Medical Report	
	Name John Smith	Date of Birth January 1, 1980
	Address 725 5th Ave, New York, NY 10022, USA	Email john.smith@example.com
	Insurance N° INS123456789	ID N° 987654321
	Credit Card N° 6592-1223-4857-1234	

DATE OF CONSULTATION: FEBRUARY 18, 2024

CHIEF COMPLAINT: THE PATIENT PRESENTS WITH COMPLAINTS OF PERSISTENT HEADACHES AND FATIGUE OVER THE PAST MONTH.

HISTORY OF PRESENT ILLNESS: MR. SMITH REPORTS EXPERIENCING FREQUENT HEADACHES, PARTICULARLY IN THE FRONTAL REGION, ACCOMPANIED BY FEELINGS OF FATIGUE AND OCCASIONAL DIZZINESS. HE NOTES THAT THE SYMPTOMS HAVE BEEN PROGRESSIVELY WORSENING OVER THE PAST FEW WEEKS AND ARE NOW INTERFERING WITH HIS DAILY ACTIVITIES.

PAST MEDICAL HISTORY
· Hypertension, diagnosed 5 years ago.
· Allergic rhinitis, managed with over the counter antihistamines.
· No history of significant surgical procedures.

FAMILY AND SOCIAL HISTORY

Father deceased due to myocardial infarction age 60. Mother alive, with a history of hypertension and diabetes. No siblings. Mr. Smith is employed as a software engineer and reports a sedentary lifestyle. He denies tobacco or recreational drug use. He consumes alcohol occasionally, socially.
