coordinator For Healthplans - Encounter Summary for Coordinator For Healthplans - Encounter For Healthplans -
ocial Security Number
ncounter
ate of Start Service
ncounter Participant
ontact
Tel:
ppointment Confirmation rovider: Dr.
h. tel: (
able Of Contents:
aitnet Summary
atient Demographics atient Lifestyle
atient Vitals
octor Information octor Notes
ast Hospital Visit
urrent Medications ledical Tests
edical resis
atient Summary
e has been managing his condition through medication and lifestyle adjustments. ecent evaluations indicate stable vital signs, and he continues to monitor his blood ressure regularly. Follow-up appointments are scheduled to ensure continued health and well-being.

Patient Name :

e Of Birth :

Patient Name :	Date Of Birth	:

### **Patient Demographics**

Name:

DOB:

Age: Male

SSN:

Hospital ID:

## **Patient Lifestyle**

Smoking Status: Never

Alcohol Consumption: Occasionally Diet Preference: Diabetic-friendly

Exercise Habits: Mild

#### **Patient Vitals**

Heart Rate: 72

Respiratory Rate: 16

Temperature Celsius: 36.8

Oxygen Saturation Percent: 98 Blood Pressure: 130/85 mmHg

Recorded Date:

#### **Doctor Information**

Doctor Name:

Doctor Unique ID:

#### **Doctor Notes**

Subjective Observations: Patient reports feeling well. No new complaints. Adherent to medication regimen.

Assesment: Stable hypertension and well-managed diabetes. Overall health is satisfactory.

Patient Name :	Date Of Birth :
I ducin ivalie .	Date Of Diffit.

Recommendations: Continue current medication regimen. Maintain healthy diet and exercise. Monitor blood pressure regularly at home.

Follow Up Instruction: Schedule follow-up appointment in 6 months for routine checkup and blood work.

# **Past Hospital Visits**

Date	Reason
	Routine Checkup
	Hypertension Management
	Blood Pressure Monitoring
	Annual Physical Exam
	Medication Refill
	Follow-up Appointment

## **Current Medications**

Medication Summary	Dosage	Frequency
Lisinopril	20mg	Once daily
Aspirin	81mg	Once daily
Atorvastatin	10mg	Once daily
Metformin	500mg	Twice daily
Vitamin D	2000 IU	Once daily
Multivitamin	1 Tablet	Once daily

## **Medical Tests**

Medication Test	Status	On/Last
Complete Blood Count (CBC)	Done	
Comprehensive Metabolic Panel (CMP)	Done	

Lipid Panel	Done			
Electrocardiogram (ECG)	Done	-		
Urinalysis	Done			
HbAlc	Done			

Patient Name : Date Of Birth :