

PATIENT CONSULT SUMMARY



Date: _____

Language: _____

Patient Name: _____

Phone #: _____

Town/Village: _____ DOB/Age: _____ Gender: M F

Consult Type: ☐ Diabetes ☐ HTN ☐ Respiratory ☐ Other: _____

Chief Complaint: _____

Vitals: BP _____/____ HR _____ SP02 _____ BS _____ Weight _____ Height _____ Temp _____

Taken Med?: Y / N

Fasting?: Y / N

Taken Med?: Y / N

Allergies: ☐ NKA or list: _____ Vitamin Pkts # _____ Albendazole Tabs # _____

CURRENT: Tobacco? N / Y (# _____) Alcohol? N / Y (# _____) Drugs? N / Y (# _____)

PAST: Tobacco? N / Y (# _____) Alcohol? N / Y (# _____) Drugs? N / Y (# _____)

LMP ____/____/____ or ☐ Menopause #G ____ #P ____ #Mc ____ #Ab ____ Control? N / Y Method? _____

History of Present Illness: _____

PAST MEDICAL HISTORY

Medical dx: _____

Surgeries: _____

Meds: _____

PHYSICAL EXAM (appropriate to primary complaint)

Heart _____ Lungs _____

Abdomen _____ GYN _____

Impression: _____

Recommendation/Plan: _____

RX Notes: _____

RX slips will be attached to this page

Further Consult: ☐ Gen Surg ☐ GYN ☐ Other: _____

Provider: _____ Interpreter: _____

SURGICAL CONSULT SUMMARY

Date: _____

History of Present Illness: _____

PHYSICAL EXAM *(appropriate to primary complaint)*

Impression: _____

Recommendation/Plan: _____

Meds/RX: _____

Further Consult: ☐ Gen Surg ☐ GYN ☐ Other: _____

Surgeon: _____ Interpreter: _____