

DR. FIRST LAST NAME

Create New Patient File

Patients

| First Last Name | Diagnosis | Progress | Previous Appointment | Next Appointment |
|-----------------|-----------|----------|----------------------|------------------|
| | | | | |

FIRST LAST NAME

ID: #####

Edit

Weight: lb

Date of birth 9/16/74 


Gender: ☐ Female ☐ Male

Diagnosis

Please choose one ▼

Symptoms


Headache, dizziness, nausea


Level of discomfort: 3 

Pre-existing Conditions

- ☐ High blood pressure
- ☒ Smoking
- ☐ Constipation
- ☐ Diabetes

Progress

Treatment Start Date: 9/16/16 

Treatment End Date: 5/24/17 

Cancer Stage ☐ 1 ☐ 2 ☐ 3 ☐ 4

FIRST LAST NAME

ID: #####

| SEPTEMBER 2016 | | | | | | |
|----------------|----|----|----|----|----|----|
| S | M | T | W | T | F | S |
| 28 | 29 | 30 | 31 | 1 | 2 | 3 |
| 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| 18 | 19 | 20 | 21 | 22 | 23 | 24 |
| 25 | 26 | 27 | 28 | 29 | 30 | 1 |
| 2 | 3 | 4 | 5 | 6 | 7 | 8 |

Diagnosis:

Diet (# servings):

| | Recommended | Actual |
|------------|--------------------------------|--------------------------------|
| Fruits | <input type="text" value="6"/> | <input type="text" value="3"/> |
| Vegetables | <input type="text" value="6"/> | <input type="text" value="3"/> |
| Grains | <input type="text" value="6"/> | <input type="text" value="3"/> |
| Dairy | <input type="text" value="6"/> | <input type="text" value="3"/> |
| Proteins | <input type="text" value="6"/> | <input type="text" value="3"/> |
| Fats | <input type="text" value="6"/> | <input type="text" value="3"/> |

Activity:

| | Recommended | Actual |
|----------|--------------------------------|----------------------------------|
| Light | <input type="text" value="6"/> | <input type="text" value="min"/> |
| Medium | <input type="text" value="6"/> | <input type="text" value="min"/> |
| Vigorous | <input type="text" value="6"/> | <input type="text" value="min"/> |

Pain:

Location/type

Severity

Progress (wks):