|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| {{id}} | | | File No | {{name}} | | Name |
| {{date}} | | | Date | {{tel}} | | Tel. |
| {{ref}} | | | Referrer | {{occupation}} | | Occupation |
| {{age}} | | | Age | {{birthplace}} | | Place of Birth |
| {{bmi}} | BMI | {{height}} | | Height | {{weight}} | Weight |
| {{complaint}} | | | | | | Chief Complaint |
| {{drug\_history}} | | | | | | Drug History |
| {{medical\_history}} | | | | | | Past Medical History |
| {{test\_result}} | | | | | | Test Result |
| {{plan}} | | | | | | Plan |