

# MEDICAL REPORT

Name: Doe

## CHRONIC

Name	Date Diagnosed	Status	Severity
Hypertension	05/18/2015	Ongoing	High

## ALLERGIES

Allergen	Type	Severity	Reaction
Penicillin	Drug	High	Anaphylaxis
Pollen	Environmental	Moderate	Rash
Shellfish	Food	Severe	Hives

## MEDICATIONS

Medication	Dosage	Frequency	Started
Amlodipine	5 mg	Once daily	06/01/2017
Lisinopril	10 mg	Once daily	08/15/2020
Atorvastatin	20 mg	Once daily	03/22/2021