## Health Profile Tracker for Adults

**Name:** _____

**Reference Record #:** _____

**Tel: (home)** _____    **(Mobile)** _____

**Date of Birth:** _____    **Gender:**   □ Male    □ Female

**Insurance Details:** _____

**Allergies:** _____

**Emergency Contact:** _____

| Chronic Problems List | | |
|---|---|---|
| **Date** | **Description:** | **Date Begun** |
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| Risk Factors | | |
|---|---|---|
| **Risk Factor: Personal or Familial History** | **Personal** | **Familial** |
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| Acute Problems List | | | |
|---|---|---|---|
| **Date** | **Description:** | **Date Begun** | **Date Ended** |
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| Referrals | | | |
|---|---|---|---|
| **Specialist** | **Problem** | **Date of referral** | **Docs Received** |
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