

# Patient Profile Template

Student Name: \_\_\_\_\_

## Patient Information

Patient Initials:		Age:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Health Insurance (coverage, affordability of meds) :	Living Arrangements:

## Allergies

Drugs:		Reaction:
Environment:		Reaction:
ADR:		Reaction:

## Medical Information

Chief Complaint/Reason for encounter today:

History of present illness:

Past medical history

Family history

## Social History

Tobacco use:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 0-1 packs per day <input type="checkbox"/> >1 packs per day <input type="checkbox"/> Previous history of smoking
Alcohol use:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <2 drinks per week <input type="checkbox"/> 2-6 drinks per week <input type="checkbox"/> > 6 drinks per week, history of alcohol dependence
Caffeine use:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <2 cups per day <input type="checkbox"/> 2-6 cups per day <input type="checkbox"/> > 6 drinks per week, history of caffeine dependence

Other recreational drug use: ☐ Yes   ☐ No

List:

## Immunization

## Medication List

Medication Reconciliation Completed: ☐ Yes ☐ No

Antibiotic use in past 3 months:

## Review of Systems

[illegible]

[illegible]

## Drug Therapy Problems

Current DTP (provide rationale for selection):	Goals:
Therapeutic Alternatives:	
Recommendation:	Monitoring Plan:

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