

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:

Review of Systems

| Signs, Symptoms, Lab values | List deviation from normal (and relevant baseline values) | | | | | | | If abnormal, can it be caused by patient's medications? |
|------------------------------------|---|--|--|--|--|--|--|---|
| Date | | | | | | | | |
| VITAL SIGNS: | | | | | | | | |
| Temp | | | | | | | | |
| BP | | | | | | | | |
| HR | | | | | | | | |
| RR | | | | | | | | |
| CNS/ NEUROLOGIC | | | | | | | | |
| Confusion | | | | | | | | |
| Drowsiness | | | | | | | | |
| Dizziness | | | | | | | | |
| Fatigue | | | | | | | | |
| Numbness | | | | | | | | |
| Tingling | | | | | | | | |
| EENT | | | | | | | | |
| Voice change | | | | | | | | |
| Swallowing problem | | | | | | | | |
| Taste change | | | | | | | | |
| | | | | | | | | |
| CVD | | | | | | | | |
| T.cholesterol | | | | | | | | |
| LDL / HDL | | | | | | | | |
| CO | | | | | | | | |
| SOB | | | | | | | | |
| Edema | | | | | | | | |
| Palpitation | | | | | | | | |
| | | | | | | | | |
| PULMONARY | | | | | | | | |
| SOB | | | | | | | | |
| Wheezing | | | | | | | | |
| Coughing Phlegm/Blood | | | | | | | | |
| Peak Flow | | | | | | | | |
| FLUID & ELECTROLYTE | | | | | | | | |
| Na ⁺ | | | | | | | | |
| K ⁺ | | | | | | | | |
| Ca | | | | | | | | |
| Cl ⁻ | | | | | | | | |
| HCO ₃ | | | | | | | | |
| Mg ²⁺ | | | | | | | | |
| | | | | | | | | |

| Signs, Symptoms, Lab values | List deviation from normal (and relevant baseline values) | | | | | | | | If abnormal, can it be caused by patient's medications? |
|--------------------------------|---|--|--|--|--|--|--|--|---|
| Date | | | | | | | | | |
| RENAL | | | | | | | | | |
| Se. Cr. | | | | | | | | | |
| CrCl | | | | | | | | | |
| | | | | | | | | | |
| LIVER | | | | | | | | | |
| AST | | | | | | | | | |
| ALT | | | | | | | | | |
| Albumin | | | | | | | | | |
| Bruising | | | | | | | | | |
| Bleeding | | | | | | | | | |
| | | | | | | | | | |
| GI | | | | | | | | | |
| | | | | | | | | | |
| GU/REPRODUCTION | | | | | | | | | |
| | | | | | | | | | |
| ENDOCRINE | | | | | | | | | |
| Se. Glucose | | | | | | | | | |
| HgA1C | | | | | | | | | |
| TSH | | | | | | | | | |
| T4 | | | | | | | | | |
| | | | | | | | | | |
| MSK | | | | | | | | | |
| | | | | | | | | | |
| DERMATOLOGY | | | | | | | | | |
| | | | | | | | | | |
| HEMATOLOGY | | | | | | | | | |
| Hgb | | | | | | | | | |
| Platelets | | | | | | | | | |
| WBC | | | | | | | | | |
| Neutrophils | | | | | | | | | |
| INR | | | | | | | | | |
| PTT | | | | | | | | | |
| DRUG LEVELS | | | | | | | | | |
| Digoxin | | | | | | | | | |
| Theophylline | | | | | | | | | |
| Lithium | | | | | | | | | |
| | | | | | | | | | |
| CULTURES | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

Drug Therapy Problems

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

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