

The patient has the following allergies:

Is on these medications:

And has these significant health problems:

The patient had these recent tests:

Lab tests for the following: _____ **CBC** Date: _____

_____ **Thyroid Studies** Date: _____

Results: _____

Results: _____

_____ **Chem Panel** Date: _____

EKG Date: _____

Results: _____

Results: _____

Other: _____

I am I am NOT willing to help manage mental health medications.
