

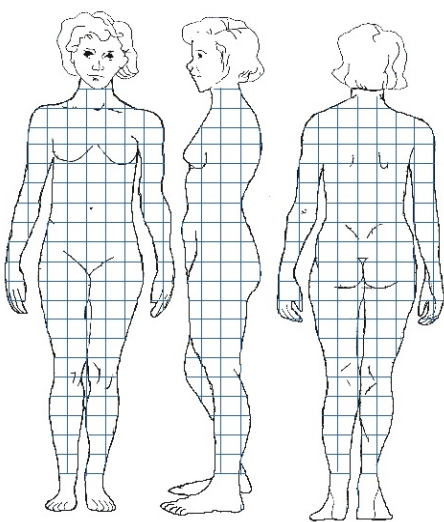
Patient Health Assessment and Plan of Care

Last Name:	First Name:	Age	Email	Date:
BP: 02:	Glucose:	Wt.	Ht.	BMI
				Ch#
				Phone

Current Health Conditions	<u>Health Events</u>	<u>Heart / Cardiovascular</u>	<u>Modern Diseases</u>	<u>Health Metrics</u>	<u>Medications</u>	<u>Psychological / Social</u>
	Heart Attacks Stroke (5.18%) MVA / Accidents (5.9%) Cancer(s) (21%) Liver Disease Long Covid 19 / Vax <u>Surgeries</u> GB Removal Heart Abdom. Reproductive Musculoskeletal Back Surgery	Heart Disease (23%) CAD / CVD Hypertension Arrhythmia Stints Heart Attack Congestive Heart Failure <u>Respiratory</u> (5.6%) COPD - Asthma COPD - Bronchitis COPD - Emphysema Pulmonary Hypertension Chronic Sinusitis / Allergies	Hypertension Obesity Diabetes Pre-diabetes Hypercholesterolemia Fatty Liver PCOS Chronic Inflammation Insulin Resistance Kidney Disease Cancer (Post) Infertility / Menstrual Autoimmune	Weight Gain Fatigue Insomnia Poor CRF / Health Deconditioned Elevated Glucose Levels Body Mobility Limits Chronic Pain Exercise / Activity Level 2-4 METS 4-6 6 + METS Rate Your Health Poor Fair Good	<u>Statins</u> <u>Beta Blocker</u> Hypertension Blood Thinners Diabetes Thyroid COPD GERD Gabapentin Allergies SSRI / Anxiety Opiates NSAIDS	Anxiety / Panic Attacks Depression Relationships Issues Social Anxiety Work Issues Loss of a Vision / Hope Lack of Social Support Lack of Engagement / Detached Life History Patterns Financial Issues Addictions Loneliness Suicidal Thoughts / Attempts

Main Complaint 1 /10	Main Complaint:	
	Onset	
	Duration	
	Location	
	Severity	
	Quality	
	Associated Symptoms	
	Modifying Factors	

Main Complaint 2 /10	Main Complaint:	
	Symptoms:	

<p>Exam:</p> <p>Focus:</p> <p>Walking 02</p> <p>ROM Exam Form</p> <p>Internal (Organ) Palpation:</p>	 <div style="border: 1px solid black; padding: 10px; width: fit-content; margin-left: auto; margin-right: auto;"> <p style="text-align: center;">Health Score</p> <p>Cardiorespiratory -----</p> <p>Metabolic Health -----</p> </div>
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TREATMENT PLAN

Underlying Constitutional Health - Metabolic and CRHF Status					Active Main Complaints						
Goals:					Goals:						
Risk Assessment:	Very High	High	Moderate	Low	Severity and Risk:	Severe	Moderate	Low	Left	Right	Bilateral
					1						2
					Protocols			Treatment Plan			
Program / Ordered Tests	Costs		Recommendation								

Schedule Weeks

Week 1 / Cost	Week 2 / Cost	Week 3 / Cost	Week 4 / Cost	Week 5 / Cost
Week 6 / Cost	Week 7 / Cost	Week 8 / Cost	Week 9 / Cost	Week 10 / Cost
Total Cost				