

CLINICAL VISITS	
Creation Date	
11/04/2019	

PATIENT INFORMATION			
Last Name	First Name	Middle Name	Sex
Sample	John		Male
Patient ID#	Drivers Lic. or State ID	Date Of Birth	Age
1384884	454545	1964-11-17	55
Contact Method	Phone	Email	
Email	323-989-7654	samuel@gmail.com	

VITALS					
Blood Pressure	Pulse	Temperatue	Height	Weight	BMI
120/80	70 BPM	98.4	6 ft	222 lbs	24.9

MEDICAL SYMPTOMS
QUALIFYING CONDITIONS
Chronic Pain, Migraine,
DO YOU HAVE CHRONIC NONMALIGNANT PAIN?
yes
in lower back
Main Medical Issue
Back pain
What caused your medical issue?
Snowboarding accident
How long have you had these symptoms?
5 years
Frequency of symptoms
Constantly
Intensity of symptoms
8 out of 10
All treatments and medicine you have tried for this medical issue

Chiropractor
Do you have X-rays or test results?
no
Additional details about your medical use
Hurts more on cold days
Additional doctors seen for this problem: (name, address, date of visit, reason for visit)
None
Have you ever been prescribed or taken medication for any of these problems?
yes
Medications
Vicodin
Medications
Vicodin

REVIEW OF SYMPTOMS
GENERAL
Weakness, Fatigue,
SKIN
Itching,
HEENT
Headaches,
CARDIOVASCULAR
Hypertension,
MUSCULOSKELETAL
Joint Swelling,
NEUROLOGIC/PSYCHIATRIC
Muscle Cramps/Spasms,

SOCIAL HISTORY
Smoking
no
Alcohol
yes
Frequency

2 times a week
Drug Use
no
Caffeine
yes
Frequency
200 mg per day

DOCTOR EVALUATION
Doctor Diagnosis
The patient is definitely having major pain issues.
Medicine and Dosage Recommendation
Etiology

NOTES
This patient is recommended to try medical marijuana for their pain issues.

PATIENT SIGNATURE	PHYSICIAN SIGNATURE
Patient Name: John Sample DOB: 11/17/1964 Phone: 323-989-7654 Email: samuel@gmail.com Signature:	Physician Name: Mike Smith MD Address: 501 S Park St, Hardin, IL 62047 Phone: 949-343-2360 Email: verifymcclinic@gmail.com Signature: 