



Name:

UČO:

Date:

Patient's Profile

Age (year of birth)

Sex

Weight

Height

BMI

Reason of the visit

History of present illness

Personal History

Assesment and lab results

Diagnosis

Chronic pharmacotherapy

Name of drugs, dosage,
reasons for discontinuation

Current pharmacotherapy

Name of drugs, dosage,
reasons for use

Adverse effect

Drug interactions

Proposed changes in

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pharmacotherapy, reasons	
Plan for next visit, date of next visit	
Plan for next 3 months	
Assesment	