PRIMARY CARE PROVIDER PATIENT SUMMARY

Date:

Physician Information:

Patient Information:

Ongoing Concerns and Medical History:

Last Visit information:

Last visit date:

Last BP: ( )

Last weight: kg ( )

Last height: cm ( )

Last BMI: ( )

Relevant Lab Results:

Last Hgb: ( )

Last A1c: ( )

Last eGFR: ( )

Current Medications:

Other Medications:

Allergies: (note reaction)