Past Medication History:

☐ ☐ ☐ ☐
☐ ☐ ☐ ☐

☐ ☐ ☐ ☐

Family History:

☐ ☐ ☐ ☐

Amount of Exercise: ☐ ☐ ☐

Smoking History: *Does patient currently smoke?* ☐ ☐

Alcohol Consumption: *Does patient currently drink?* ☐ ☐

Vitals:

☐ ☐

Physical Exam:

☐ ☐ ☐

☐ ☐ ☐

☐ ☐ ☐

Current Labs

Pertinent Imaging Studies:

☐ ☐ ☐ ☐
☐ ☐ ☐
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Other Comments: