**Medical Condition Review**

Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**General Information**

Height: \_\_\_\_\_ft \_\_\_\_in BMI: \_\_\_\_\_\_\_\_\_\_

Weight: \_\_\_\_\_lbs \_\_\_\_oz Waist Circumference: \_\_\_\_\_\_\_\_

[ ] Pregnant [ ]  Lactating/Nursing [ ]  Fathering a child

**Vital Signs**

Blood pressure: \_\_\_\_\_\_\_ mmHg systolic \_\_\_\_\_\_\_mmHg diastolic

Temperature: \_\_\_\_\_\_\_\_F Heart Rate: \_\_\_\_\_\_/min Respiratory Rate:\_\_\_\_\_\_/min

Blood Glucose Level: \_\_\_\_\_\_\_\_\_\_mg/dL

**Liver/Renal Conditions**

[ ]  Liver Disease

Renal Function: \_\_\_\_\_\_\_ mL/min Dialysis Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Conditions** [ ]  No Known Medical Conditions

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**Allergies** [ ]  No Known Medication Allergies [ ]  No Known Substance Allergies

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Staff Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Staff ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_