

MediWellness^{INC}

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Clinician: _____
Patient Name: _____
Visit Date: _____
Diagnosis: _____

Subjective

Objective:

Weight: _____ **Height:** _____ **BP:** _____ **Age:** _____ M F

Waist circumference: _____ **Hip circumference:** _____ **Hip/Waist ratio:** _____

Pertinent Laboratory Information:

Patient Physical Changes/Findings:

Assessment

Plan
