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| --- | --- |
| **General information** | |
| Name: **X** | Profession: |
| Age: | Intoxication: |
| Gender: | Allergies: Penicillin |
| Children: | Other: **-** |
| **Medical history** | |
| Year: Disease or information | |
| Year: Disease or information | |
| Year: Disease or information | |

**Actual medication overview:**

* *Drug, dosage, dosage form, frequency*

**Over-the-counter-medication:**

**Case:**

*Including the anamnesis*

**Physical examination**

*Important physical examination*

*No abnormal findings were found with further physical examination.*

**Laboratory results:**

*Important laboratory results*

*Both in mmol/L and mg/dL*

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| --- | --- | --- | --- | --- | --- | --- |
| **1 Medication, dosage and use** | **1C. Indication** | **2. Side effects?** | **3. START?** | **4. STOPP** | **5. Interactions?** | **6. Dosage / frequency / dosage form?** |
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