

# General Health Statement

Patient Name

Date of Birth

Statement Date

General Health Overview

Describe patient's overall health status and any relevant medical history.

Current Medications

List current medications, if any.

Known Allergies

List any allergies.

Physical Exam Findings

Summarize key physical findings.

Clinical Impression & Recommendations

Provide assessment and recommended follow-up, if any.

Provider Name

Signature

Date

