

# Medical Condition Statement

For Clinic Use

**Patient Name:**

**Date of Birth:**

**Patient ID / Medical Record #:**

**Date:**

**Medical Condition(s) Diagnosed:**

**Summary / Findings:**

**Current Treatment and Recommendations:**

**Additional Notes / Remarks:**

\_\_\_\_\_  
Physician's Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date