

Dr. Is In Assignment**Patient Information ⑤**

Name:	Age:	Gender:	Number:
Symptoms:	Family History:		
Other Notes:			

Diagnosis

Most Probable Diagnosis ①: Supporting Reasons for Diagnosis ③:	Detailed Description of Condition ④: (Be sure to include systems involved, naturally occurring control mechanisms...)
---	--

**Diagnosis Continued**

Tests to be Performed to Confirm Diagnosis ②:
(inc. name of test and what it shows/indicates)

Treatments and/or Cures ④:
(inc. frequency, duration, **amounts...**)

Complications/Symptoms if Untreated ④:
(be sure to explain **why**)

List of Other Possible Conditions with Similar Symptoms ②:

Doctor Information**Name:**

References: