



CASE PRESENTATION TEMPLATE

(This is the only page needed for submittal. Other pages of this document are for reference only.)

Date: _____ Your Name: _____ Your Location: _____

Patient Name: _____ Check one: New Patient Follow Up

Age : _____ Ethnicity: _____ Gender: Male Female

Occupation: _____ Education Level: _____

Height _____ Weight: _____ BMI: _____

Alcohol Use: Yes No Amount: _____ BP: _____

What is your main question about this patient? _____

Patient's current and past medical history: _____

FRAIL Scale Score _____

Mini Cog Score _____

PHQ-9 Score _____

See assessment tool examples below.

