**SAMPLE CUMULATIVE PATIENT PROFILE TEMPLATE**

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| Client ID: | |  | | | | | Patient ID: | | | | |  | | | | |
| Warnings (e.g. drug allergies, behaviour problems, etc.): | | | | | | | | | | | | | | | | |
| Therapeutic Diet: | | | | | | | | | | | | | | | | |
| Procedures: | | | Date | | | | | | | | | | | | | |
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| Vaccinations |  | |  |  |  |  | | |  |  |  | |  |  | |  |
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| Physical Exam | | |  |  |  |  | | |  |  |  | |  |  | |  |
| Weight (kg) | | |  |  |  |  | | |  |  |  | |  |  | |  |
| FeLV/FIV (+/-) | | |  |  |  |  | | |  |  |  | |  |  | |  |
| Heartworm Test | | |  |  |  |  | | |  |  |  | |  |  | |  |
| Lyme | | |  |  |  |  | | |  |  |  | |  |  | |  |
| Ehrlichia | | |  |  |  |  | | |  |  |  | |  |  | |  |
| Anaplasmosis | | |  |  |  |  | | |  |  |  | |  |  | |  |
| Fecal Flotation | | |  |  |  |  | | |  |  |  | |  |  | |  |
| Other |  | |  |  |  |  | | |  |  |  | |  |  | |  |
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| Date | | Assessment (e.g., problem list, dx) | | | | | | Treatment (e.g., medications, nutrition, management) | | | | | | | Date Resolved | |
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