

Fold along dotted lines

Date	Day	Vital signs	Exam	Other	Labs
					—< + +<
					—< + +<
					—< + +<
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					—< + +<
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					—< + +<

Fold along dotted lines

Name		Date	Age	Sex	Race	Hospital Number	Exam	Ht	Wt	Gen	Admission labs —< + +<			
Chief complaint				Allergies			Vitals	BP	P	T		RR		
Problem list			HPI				HEENT							
							Nodes							
							Breast							
							Lungs							
							CV							
							Abd							
							Back							
							GU							
							Ext							
							Skin							
							Neuro							
PMH			FH		SH		Impression							
			heart disease diabetes hypertension cancer stroke anemia renal psych headache TB		smokes? drinks? drugs?									
			ROS				Assessment and Plan				Medications			
			GEN weak fatigue fever weight loss SKN rash itch dry hair normal HNT HA trauma seizure cold sinus EYE vision change glasses blurred glaucoma EAR hearing change aid ringing vertigo d/c NCK thyroid swelling stiff BRE lump pain d/c mammogram____ RSP SOB cough sputum wheeze hemoptysis COR CP DOE orthop PND palpitations GI constip diarrhea blood melena change URN freq dysuria urgency hesit blood GNT d/c hysterecLMP_____ EXT pain stiffness ROM claudic phlebitis END hair change anorex polydips sweats HEM anemia bruising bleed Tx_____ NEU syncope memory paresth paresis ataxia OTHER								_____		_____	
Meds											_____			

