Today's Date: _____ M F

Patient Name: _____

Date of Birth: _____ Age: _____

Patient Number: _____

Date of Admission: _____

CC: _____

HPI: _____

GHx: G__ P__ / / /__ LMP: _____ EDC: _____ EGA: _____ PNC@: _____ Wks: ___ Vsts: ___

BldTyp _____ Antibody __ RPR ___ PPD ___ CXR__ HBsAg__ PAP___ GC___ CT__ Rub___ HIV ___

MHx: _____

FHx: _____

SHx: _____

Meds: 1. _____ 5. _____

2. _____ 6. _____

3. _____ 7. _____

4. _____ 8. _____

Head: _____

Ears: _____

Eyes: _____

Nose: _____

Mouth: _____

Throat: _____

CV: _____

Resp: _____

GI: _____

GU: _____

Endo: _____

Heme: _____

M/S: _____

Neuro: _____

Psych: _____

Derm: _____

GS:

Skin:

Nodes:

Head:

Eyes:

Ears:

Nose:

Orophar:

Neck:

Lungs:

Heart:

Breasts:

Abd:

Genit:

Rect:

Ext:

Back:

Neuro:

Vitals

BP:

Tm:

Temp:

Resp:

Pulse:

Wt:

Ins:

Outs:

ΔI/O:

Labs

Problem List

- [ ]
- [ ]
- [ ]
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- [ ]

Name: ID#:

Date:	*Date:*
Events:	***Events:***
Neuro:	***Neuro:***
Resp: RR: Sat:	***Resp:*** RR: Sat:
Cardio: P: BP: CPK (T): CK-MB: Trop I:	***Cardio:*** P: BP: CPK (T): CK-MB: Trop I:
Weight:	***Weight:***
FEN/GI: AST: Amy: ALT: Lip: Alb:	***FEN/GI:*** AST: Amy: ALT: Lip: Alb:
Renal/ Lytes: Ca: Mg: PO_4:	***Renal/ Lytes:*** Ca: Mg: PO_4:
Heme: PTT: MCV: PT: ESR: INR:	***Heme:*** PTT: MCV: PT: ESR: INR:
ID:	***ID:***
To do: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	***To do:*** ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐