

Name: _____ Admission date: _____ ID#: _____ HO/Atfg: _____ Number: _____
 Admision date: _____ Location: _____ Contact Name: _____
 CC: _____ Age: _____ 1. _____
 HPI: _____ 2. _____
 _____ 3. _____

Meds: _____ All: _____
 1. _____ 1. _____
 2. _____ 2. _____
 3. _____ 3. _____
 4. _____
 5. _____ FH: _____
 6. _____
 7. _____
 8. _____

SH: Occupation: _____
 Smoking: _____
 Alcohol/Drugs: _____
 Diet: _____
 PE: _____
 Gen: _____
 Vitals: _____
 Skin: _____
 Nodes: _____
 HEENT: _____
 Neck: _____
 Lungs: _____
 Heart: _____
 Abdomen: _____
 Extr: _____
 GU/Rectal: _____
 Sketches/Diagrams: _____

ROS: _____
 Gen: _____
 Cardiac: _____
 Pulm: _____
 Abd: _____
 Rheum: _____
 Endo: _____
 Heme: _____
 Neuro: _____
 Other: _____

Date	Problem Lists:										Hospital Meds:	Other Labs:	Cultures:
Hgb / Hct													
WBC/P'ts.													
WBC Diff.													
Na													
K													
Cl													
HCO ₃													
BUN / Creat.													
Glucose													
Ca / PO ₄													
Mg													
Prot./albumin													
SGOT / SGPT													
LDH / AP													
Bilirubin													
PT / PTT													
FIO ₂													
O ₂ Sat. / PO ₂													
PCO ₂ / pH													
Daily in / out													
Body Weight													
EKG:													