museum of science+industry chicago

HOSPITAL

Patient Chart

Date: _____

Patient Information

Patient Name:	Patient ID#:	Date of Birth:	Age:	Gender:
Janice Little	*73698*	*4/6/1966*		☐ *Male* ☒ *Female*

Reason for patient's visit?	Height:	Weight:
Janice was brought to the ER after surviving a high-speed motor collision. Upon her arrival, she was hysterical and emotional. She complains of sharp pains and tingling from her left leg as well as numbness of toes. She was sent to Room 314 for an X-Ray.	*5'1" ft*	*165 lbs*

Patient Vitals

	Temperature	Heart Rate/ Pulse	Respiratory Rate	Breathing Sounds	Blood Pressure	SpO_2
Standard	98.6˚F/ 37˚C	60-100 bpm	12-20 bpm	clear	90-120/60-80 mmHg	97-99%
Present	***98.5˚F***	***112 bpm***	***30 bpm***	***clear***	***60/40 mmHg***	***89%***

Review of Patient Symptoms: Check all that apply

Symptom	Yes	No	Comments	Symptom	Yes	No	Comments
Fever or chills?	☐	☒		Chest pain or pressure?	☒	☐	Pain
Headaches or Migraines?	☒	☐	Headache	Cough or sore throat?	☒	☐	Sore Throat
Vision changes?	☐	☒		Shortness of breath?	☒	☐	"hysteria"
Dizziness or falling?	☒	☐	Dizziness	Itchy eyes or runny nose?	☐	☒	
Nausea or vomiting?	☒	☐	Nausea	Skin rash or sores?	☐	☒	
Diarrhea or constipation?	☐	☒		Swelling?	☒	☐	Left leg/foot

Patient Social History

Occupation/Employer: Accountant/ Magnificent Museum Makers, LLC.

Marital Status:	☐ Single	☐ Married	☐ Divorced	☒ Widowed
Do you smoke?		☒ Yes	☐ No	About 9 cigarettes per day
Do you drink alcohol?		☒ Yes	☐ No	About 3 glasses per week
Do you drink caffeinated beverages?		☒ Yes	☐ No	About 2 cups per day

Patient Previous Medical History: Check all that apply

☐ Arthritis	☐ Cancer	☐ Heart Disease	☐ Liver Disease
☐ Asthma	☒ Depression	☐ High Blood Pressure	☐ Lung Disease
☐ Bladder Infection	☐ Diabetes	☐ Kidney Disease	☐ Migraines

Medications: None Drug Allergies: None

Family Medical History

Mother:		Sister(s):	Asthma
Father:		Children:	
Brother(s):	Prostate Cancer	Grandparents:	

Completed by: Mary Jackson, R.N

IMMEDIATE
Life Threatening Injury
413730