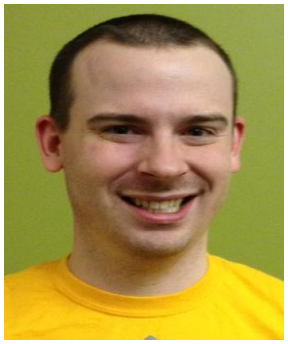
museum of science+industry chicago

HOSPITAL



Patient Chart

Date: _____

Patient Information

Patient Name:	Patient ID#:	Date of Birth:	Age:	Gender:	
George Barnes	*35218*	*2/15/1987*		☒ *Male*	☐ *Female*
Reason for patient's visit? *George has come in today with a sudden onset of shortness of breath after a routine workout at his local gym. He is very anxious and unable to speak in complete sentences. He appears exhausted and complains of tightness in his chest.*				Height: *5'11" ft*	Weight: *180 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	***99.0˚F***	***120 bpm***	***38 bpm***	***wheezing***	***115/78 mmHg***	***91%***

Review of Patient Symptoms: Check all that apply

Symptom	Yes	No	Comments	Symptom	Yes	No	Comments
Fever or chills?	☐	☒		Chest pain or pressure?	☒	☐	Both
Headaches or Migraines?	☒	☐	Both	Cough or sore throat?	☐	☒	
Vision changes?	☐	☒		Shortness of breath?	☒	☐	
Dizziness or falling?	☐	☒		Itchy eyes or runny nose?	☐	☒	
Nausea or vomiting?	☐	☒		Skin rash or sores?	☐	☒	
Diarrhea or constipation?	☐	☒		Swelling?	☐	☒	

Patient Social History

Occupation/Employer: Chemistry Teacher/ Sunshine College Preparatory High School

Marital Status:	☐ Single	☒ Married	☐ Divorced	☐ Widowed
Do you smoke?		☐ Yes	☒ No	About _____ per day
Do you drink alcohol?		☐ Yes	☒ No	About _____ per week
Do you drink caffeinated beverages?		☒ Yes	☐ No	About 2 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):	
Father:		Children:	
Brother(s):		Grandparents:	

Completed by: Mary Jackson, R.N

DELAYED
Serious, Non Life Threatening
413730