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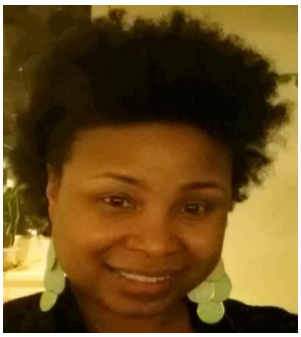
HOSPITAL



Patient Chart

Date: _____

Patient Information

Patient Name:	Patient ID#:	Date of Birth:	Age:	Gender:
Megan Washington	*86214*	*6/1/1980*		☐ *Male* ☒ *Female*

Reason for patient's visit?	Height:	Weight:
Last week while cooking dinner, Megan accidentally cut her left hand. There are deep lacerations across three of her fingers. Today she noticed a yellow discharge from her wound. She has a fever and feels extremely fatigued.	*5'4" ft*	*135 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	***99.9˚F***	***95 bpm***	***20 bpm***	***clear***	***122/81 mmHg***	***97%***

Review of Patient Symptoms: Check all that apply

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

Patient Social History

Occupation/Employer: Stay- at-home Mom/Housewife

Marital Status: ☐ Single ☒ Married ☐ Divorced ☐ Widowed

Do you smoke? ☐ Yes ☒ No About _____ per day

Do you drink alcohol? ☒ Yes ☐ No About 3 per week

Do you drink caffeinated beverages? ☒ Yes ☐ No About 1 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:	High Blood Pressure	Sister(s):	
Father:	High Blood Pressure, Heart Disease	Children:	
Brother(s):		Grandparents:	High Blood Pressure

Completed by: Mary Jackson, R.N

MINOR Walking Wounded *413730*