Date \_\_\_\_\_\_\_\_\_\_\_\_

| Patient Name | | Patient DOB | |
| --- | --- | --- | --- |
| Reason for Stay | | | |
| Date in | Time in | Date out | Time out |
| Attending Practitioner | | | |
| Diagnosis | | Patient Allergies | |
| Attending Nurse | | | |
| Height (ft./in.) | Weight (lb) | BMI | IV Sites |
| Temperature (F) | Pulse Rate | Respiration Rate | Blood Pressure |
| Pain Level (Refer to Scale Below) | | | |
| Recovery Plan | | | |
| Follow Up Appointments | | | |