

US Hospital Encounter Form

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Patient Information

Patient Name

Jane Q. Sample

Date of Birth (MM/DD/YYYY)

02/14/1985

Medical Record Number (MRN)

A1234567

Gender (Radio)

Male

Female

Other

Address

123 Maple Street

City

Springfield

State

IL

ZIP

62701

Phone

(217) 555-0199

Email

jane.sample@example.com

Insurance Information

Insurance Provider

Acme Health

Policy #

POL-998877

Group #

GRP-445566

Encounter Details

Encounter Date (MM/DD/YYYY)

08/18/2025

Attending Physician

Dr. Samuel Carter, MD

Reason for Visit

Headache and dizziness

Encounter Type (Radio)

Inpatient

Outpatient

Emergency Dept

Triage / Vitals

Height (cm)

168

Weight (kg)

65

Temp (°C)

37.2

BP Systolic

118

BP Diastolic

76

Heart Rate

78

Clinical

Allergies Present

On Current Medications

Smoker

Allergies (Details)

Penicillin (rash)

Current Medications

Loratadine 10mg daily

Past Medical History

Seasonal allergies

Surgical History

Appendectomy (2010)

Primary Diagnosis

Tension headache

Consent & Signatures

HIPAA Acknowledgement

Financial Consent

Treatment Consent

Patient/Guardian Signature

Yes

Date

08/18/2025