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: Jane Sample | Date: 08/18/2025

This PDF contains interactive AcroForm fields (text, checkboxes, and radio buttons).