

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)	Off	
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