

# 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)	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