



1. General Information	
Name:	
Address:	
City:	
State:	
Zip:	
Phone:	
2. Medical History	
Current Medications:	
Previous Surgeries:	
Chronic Conditions:	
Family History:	
3. Physical Examination	
Height:	
Weight:	
BP:	
HR:	
RR:	
Temp:	
SpO2:	
4. Vital Signs	
Temp:	
HR:	
RR:	
BP:	
SpO2:	
5. Assessment	
Chief Complaint:	
History of Present Illness:	
Review of Systems:	
Physical Examination:	
Assessment:	
Plan:	
6. Discharge Instructions	
Medications:	
Diet:	
Activity:	
Follow-up:	
7. Signature	
Physician:	
Nurse:	
Pharmacist:	
Other:	