

Emergency Room Documentation Form

Patient information	
Name:	Date of birth:
Age:	Sex:
Emergency contact:	
Chief complaint	
Condition on arrival	
Date of arrival:	Time of arrival:
Condition:	
Accompanied by:	
Brought in by:	
History of present condition	
Past medical history	
Medical conditions:	
Surgeries:	
Allergies:	
Medications:	
Vaccinations:	
Vital signs	
Temperature:	Blood pressure:
Heart rate:	Respiratory rate:
Oxygen saturation:	Pain score:

Physical examination

General:

Head and neck:

Chest and lungs:

Cardiovascular:

Abdomen:

Neurological:

Extremities:

Skin:

Other:

Diagnostic studies and tests

Assessment

Primary diagnosis:

Differential diagnoses:

Discharge instructions

Notes

Attending medical staff

Physician:

Signature: *mjdiaz*

Nurse-in-charge:

Signature: *lopezj*