

# 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:
Nurse-in-charge:	Signature: