

Medical Chart

Patient information			
Name		Age	
Gender		Contact number	
Insurance details			
Current health status			
Vital signs			
Blood pressure		Pulse	
Temperature	Respiratory rate		Oxygen saturation
Symptoms/chief complaint			
Medical history			
Allergies			

Lifestyle habits**Medications****Progress notes****Date /encounter****Notes****Summary of visit**

List of laboratory tests and results

Test	Result

Consultations and referrals

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Signed consent forms

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Other relevant documentation

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Healthcare provider	Date