

# Medical Chart

## Patient information

Name:

Age:

Contact number:

Insurance details:

Gender:

Current health status:

## Vital signs

Temperature

Pulse

Respiratory rate

Blood pressure

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**

**Signed consent forms**

**Other relevant documentation**

Healthcare provider:

Date: