

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: