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**SafetyCulture**



## Title Page

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Patient Name

---

Assigned Medical Practitioner

---

Conducted on



Location



## Subjective Data

Chief complaint

---

History of Present Illness

---

Past Medical History

---

Family History

---

Social History

---

Review of Systems

---

Is the patient taking any medication?

Yes     No

---

Please specify

---

Patient has no allergies

Yes     No     N/A

---

**Objective Data**

Age

---

Gender

Male     Female

---

Height (in)

---

Weight (lbs)

---

BMI

---

Temperature

Blood Pressure (BP)

---

General Appearance

---

EENT (Eyes, Ears, Nose, Throat)

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Cardiovascular

---

Respiratory

---

Integument/ Lymphatic Inspection

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## Laboratory Results

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### Assessment

General Observations

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Differential Diagnosis

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### Plan

Nurse's notes

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### Completion

Attending Nurse's Name & Signature



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