

Go digital today!

Convert your paper checklists into digital forms

Scan this QR code to use this paper checklist on your smartphone or tablet or visit <https://safetyculture.com/>



SafetyCulture



Title Page

Patient Name

Assigned Medical Practitioner

Conducted on



Location



Subjective Data

Age

Race

Gender

Chief complaint

History of Present Illness (location, quality, severity, timing, setting, alleviating/ aggravating factors, associated signs and symptoms)

Past Medical History (allergies, current medication, injuries, hospitalizations, surgeries)

Family History

Social History

Review of Systems

Objective Data

Height (in)

Weight (lbs)

BMI

Temperature

Blood Pressure (BP)

General Appearance

EENT (Eyes, Ears, Nose, Throat)

Cardiovascular

Respiratory

Integument/ Lymphatic Inspection

Laboratory Results

Assessment

General Observations

Differential Diagnosis

Plan

Treatment Plan

Completion

Name & Signature of Attending Medical Practitioner



The templates available in our Public Library have been created by our customers and employees to help get you started using SafetyCulture's solutions. The templates are intended to be used as hypothetical examples only and should not be used as a substitute for professional advice. You should seek your own professional advice to determine if the use of a template is permissible in your workplace or jurisdiction. You should independently determine whether the template is suitable for your circumstances.