## EMERGENCY DEPT RECORD

**PATIENT NAME:** Last First Middle

**SEX:** F M

**AGE:**

**ADMIN DATE:**

**TIME IN:**

**HEIGHT:**

**WEIGHT:**

**IMMUNIZATIONS CURRENT:** Y N

**ALLERGIES:**

**CONDITION ON ADMISSION:**

**BROUGHT IN BY:** Other

**BROUGHT IN BY:** Other

**EMERGENCY MD:**

**FAMILY MD:**

**LAST TETNUS:**

### TIME:

<table>
<thead>
<tr>
<th>TEMP</th>
<th>PULSE</th>
<th>RESP</th>
<th>B / P</th>
<th>PULSE OX</th>
<th>GCS</th>
<th>TS</th>
<th>PREGNANT?</th>
<th>EDC</th>
<th>FHT</th>
<th>LACTATING?</th>
</tr>
</thead>
</table>

**USED ANY OF THE FOLLOWING IN THE PAST 72 HRS?**

- OTC Meds
- Herbs / Vitamins
- Street Drugs
- Alcohol
- Tobacco

If "Yes", name & amount:

### PROBLEM ORIENTED PHYSICAL EXAM:

### PHYSICAL FINDINGS

### LAB & ARAY:

- CBC
- CHEM
- EKG
- URINALYSIS (Voided, CCMS, Cath)
- OTHER:

### DIAG:

### PHYSICIAN'S ORDERS and TX

### DISPOSITION OF CASE:

- Critical
- Admitted: RM#
- Guarded
- Transferred

### CONDITION ON DISCHARGE:

- Improved
- Stable
- Critical
- Guardians
- Deceased

### MODE OF DISCHARGE:

- Ambulatory
- W / C
- Stretch
- Other

### TIME OF DISCHARGE:

**PHYSICIAN'S SIGNATURE**

**DATE:**

**NURSE'S SIGNATURE:**

**DATE:**

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**Significance Medical History**

- Y
- N

**Discharge Instructions:**

- Attending MD of Transfer / Admit
- Instruction Sheet Given

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**White - Medical Records**  **Green - Family Physician**  **Canary - Emergency Dept**

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