Name: _____
MRN: _____
DOB: _____

Room: _____
Admt: _____
Age: _____

CC:

HPI:

PMH:	Home Meds:
	All:
PSH:	ROS:
FH:	SocH:
	☐ EtOH _____ ☐ Tobco _____ pack/year ☐ Quit? _____ ago ☐ Drugs _____

Problem List:	Meds:
1	
2	
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9	

/ /

BP: Tm: Tc: P: R: Sat: I/O:

Hgb WBC Plt Hct | INR PT PTT

Na K | Cl CO_2 | BUN Creat | Gluc

Ca PO_4 | TP Alb | AST ALT | LDH AP | Bili

/ /

BP: Tm: Tc: P: R: Sat: I/O:

Hgb WBC Plt Hct | INR PT PTT

Na K | Cl CO_2 | BUN Creat | Gluc

Ca PO_4 | TP Alb | AST ALT | LDH AP | Bili

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BP: Tm: Tc: P: R: Sat: I/O:

Hgb WBC Plt Hct | INR PT PTT

Na K | Cl CO_2 | BUN Creat | Gluc

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Hgb WBC Plt Hct | INR PT PTT

Na K | Cl CO_2 | BUN Creat | Gluc

Ca PO_4 | TP Alb | AST ALT | LDH AP | Bili

Imaging:

To do

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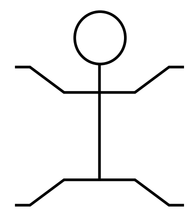
Reflex



Motor