



Patient Summary Sheet

Internal Medicine: Team C

PATIENT DETAILS

Date of Admission: _____
Location: _____
Chief Complaint: _____

Allergies:

HISTORY

Past Medical History:

Past Surgical History:

Home Medications:

Social and Family History:

PROBLEM LIST


Active Problems:
1. _____
2. _____
3. _____
4. _____

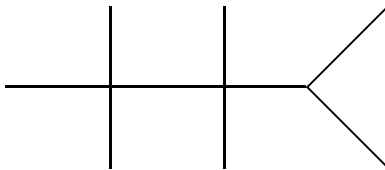
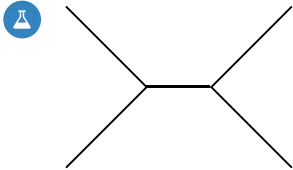
Inpatient Medications:


INPATIENT TRACKING

Admission


 / /


 Temp _____
HR _____
RR _____
BP _____
SpO2 _____

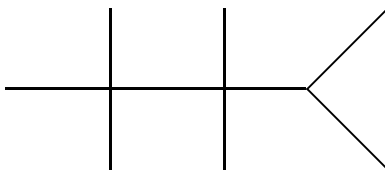
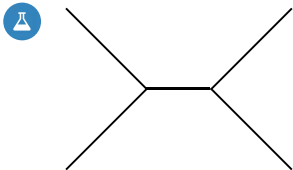



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Hospital Day 1

 / /

 Temp _____
HR _____
RR _____
BP _____
SpO2 _____



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