

Patient admission.

Here is patient admission form template with the additional sections you requested:



## Patient Admission Form

Date: \_\_\_\_\_

### 1.Patient Information

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Gender: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### 2.Reason for Admission: \_\_\_\_\_

- Chief Complaint: Briefly describe the main reason for seeking medical attention.
- History of Present Illness: Provide a chronological account of the current symptoms, including their onset, severity, and any changes over time.

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### 3. Medical History

Current Medications: \_\_\_\_\_

\_\_\_\_\_

Allergies: \_\_\_\_\_

Past Surgeries/Hospitalizations: \_\_\_\_\_

\_\_\_\_\_

### 4. Social History:

- Tobacco, alcohol, and drug use
- Occupation and exposure to environmental hazards
- Diet and exercise habits

Family Medical History: \_\_\_\_\_

\_\_\_\_\_

### 5. Physical Examination

General Appearance: \_\_\_\_\_

Vital Signs: \_\_\_\_\_

Heart: \_\_\_\_\_

Lungs: \_\_\_\_\_

Abdomen: \_\_\_\_\_

Extremities: \_\_\_\_\_

Neurological: \_\_\_\_\_

## **6.Laboratory and Imaging Studies**

Labs Ordered: \_\_\_\_\_

\_\_\_\_\_

Imaging Ordered: \_\_\_\_\_

\_\_\_\_\_

## **7.Diagnosis and Treatment Plan**

Admitting Diagnosis: \_\_\_\_\_

Proposed Treatment Plan: \_\_\_\_\_

\_\_\_\_\_

## **8.Consent Forms**

☐ Consent for Treatment

☐ Consent for Procedures

☐ Other: \_\_\_\_\_

Enero 2024, sólo para referencia didáctica,AHPSI