

Blank Patient Health Report Sheet

Patient Information

Name

Date of Birth

YYYY-MM-DD

Sex

Patient ID

Address

Phone

Email

Medical History

Medical history, chronic diseases, prior surgeries

Allergies

Known allergies

Current Medications

List of current medications

Vital Signs

Blood Pressure

e.g., 120/80 mmHg

Heart Rate

beats/min

Temperature

Â°C / Â°F

Respiratory Rate

breaths/min

Weight

kg / lbs

Height

SpO₂

Presenting Complaint

Chief complaint / Reason for visit

Physical Examination

Findings

Assessment / Diagnosis

Summary

Plan / Recommendations

Investigations, referrals, prescriptions, follow-up

Provider Name

Date

Signature