

# Blank Patient Health Report Sheet

## Patient Information

Name

Date of Birth  YYYY-MM-DD

Sex

Patient ID

Address

Phone

Email

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## 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  °C / °F

Respiratory Rate  breaths/min

Weight  kg / lbs

Height

SpO<sub>2</sub>,

## Presenting Complaint

Chief complaint / Reason for visit

## Physical Examination

Findings

## Assessment / Diagnosis

Summary

## Plan / Recommendations

Investigations, referrals, prescriptions, follow-up

Provider Name

Date

Signature