

# Emergency Room Admission Medical Record Form

This **medical record form** sample is designed to streamline emergency room admission by capturing essential patient information quickly and accurately. It ensures all critical details, including medical history and current symptoms, are documented for efficient treatment. Utilizing this form improves communication between healthcare providers and supports timely patient care.

## Patient Information

Full Name	<input type="text"/>
Date of Birth	<input type="text"/>
Gender	--Select-- <input type="button" value="▼"/>
Contact Number	<input type="text"/>
Address	<input type="text"/>
Emergency Contact	<input type="text"/>

## Chief Complaint & Symptoms

Chief Complaint	<input type="text"/>
Current Symptoms	<input type="text"/>
Onset/Duration	<input type="text"/>

## Medical History

Past Medical Conditions	<input type="text"/>
Allergies	<input type="text"/>
Current Medications	<input type="text"/>
Previous Surgeries	<input type="text"/>

## Assessment & Triage

Vital Signs	BP: <input type="text"/> / <input type="text"/> mmHg	Pulse: <input type="text"/> bpm	Temp: <input type="text"/> °C	Resp: <input type="text"/> /min
Triage Level	Select Level <input type="button" value="▼"/>			

## Admission Details

Admitting Physician	<input type="text"/>
Date & Time of Admission	<input type="text"/>

**Additional Notes/Instructions**

**Submit**