

Detailed Patient Health Record Form

This **detailed patient health record form** sample is designed to help hospitals efficiently document comprehensive medical histories. It ensures accurate recording of patient information, supporting better diagnosis and treatment plans. Utilizing this form enhances patient care quality and streamlines hospital administrative processes.

I. Patient Information

Patient ID	
Full Name	
Date of Birth	
Gender	
Contact Number	
Address	
Primary Language	
Emergency Contact Name	
Emergency Contact Number	
Relationship to Patient	

II. Medical History

Current Health Concerns	
Past Illnesses	
Chronic Conditions	
Allergies (Medications/Food/Other)	
Previous Surgeries	
Hospitalizations (Dates/Reasons)	
Family Medical History	
Immunization Status	
Current Medications (Name/Dosage/Frequency)	

III. Lifestyle Information

Smoking Status	
Alcohol Use	
Substance Abuse	
Diet & Nutrition	
Physical Activity Level	
Sleep Patterns	

IV. Physical Examination

Date of Examination	
Height	
Weight	
Blood Pressure	
Pulse	
Respiratory Rate	
Temperature	
Other Findings	

V. Physician's Assessment & Plan

Preliminary Diagnoses	
Laboratory/Imaging Requests	
Treatment Plan	
Follow-up Instructions	
Referrals (if needed)	

VI. Signatures

Patient/Guardian Signature	
Date	
Physician Name & Signature	
Date	

Note: This form is a sample template for hospital use. Customize sections as needed for your institution's workflow and regulatory requirements.