

Patient Information Template

Designed to gather information and medical history to provide the patient's the best possible care and treatment.



Angelfield Hospital

1011 Maple Rd, Newport, NH 03450

www.hospitalangelfield.com

203-555-1111

PATIENT INFORMATION

PATIENT'S NAME		PATIENT CODE	INSURANCE PROVIDER	POLICY NUMBER
Emily Dean		887542	Life Angel Care	102456
DATE OF BIRTH	AGE	SEX	PRIMARY CARE PHYSICIAN	PHYSICIAN CONTACT NUMBER
July 25, 1978	45	Male	Dr. Anna John, MD	204-555-7777

BASIC HEALTH INFORMATION

Blood Type	O+
Height	5'10" (180 cm)
Weight	180 lbs (82 kg)
Body Mass Index (BMI)	25.1 (Healthy weight)
Waist Circumference	34 inches (86 cm)
Resting Heart Rate	72 bpm
Blood Pressure	120/80 mmHg (normal)

MEDICAL HISTORY

Condition	Seasonal allergies, Asthma
Treatment	Antihistamines, Inhaler as needed
Previous Surgery	None
Date of Surgery	-
Family Medical History	Heart Disease, Stroke, Breast Cancer

IMMUNIZATION RECORD

DTaP	
Hepatitis A	
MMR	
Varicella	
Tdap	

EMERGENCY CONTACT

Name	Anna Dean
Relationship	Son/da
Phone Number	204-555-2345

Medical Information Database Report

DJ Losen



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