

Patient Record

STUDENT
HANDOUT

Today's Date	Doctor's Name
Patient Name	
Age	Height
Heart symptoms	
Respiratory symptoms	
Digestive symptoms	
Additional information (ex. other aches and pains, home/neighborhood information, exposure to chemicals or other hazards, etc.)	
Medications taken	
Preliminary Diagnosis	

Patient Record

Today's Date	Doctor's Name
Patient Name Tatiana Eliza	
Age	Height
Heart symptoms <ul style="list-style-type: none">• Heart races sometimes, especially when running	
Respiratory symptoms <ul style="list-style-type: none">• Gets very hard to breathe sometimes• Coughing• Can't talk when it's hard to breathe	
Digestive symptoms <ul style="list-style-type: none">• none	
Additional information (ex. other aches and pains, home/neighborhood information, exposure to chemicals or other hazards, etc.) <ul style="list-style-type: none">• Tightness in chest• Lives in the city near a road that has a lot of trucks• Symptoms are worse in the summer	
Medications taken <ul style="list-style-type: none">• none	
Preliminary Diagnosis <ul style="list-style-type: none">• Asthma attack	

Patient Record

Today's Date	Doctor's Name
Patient Name Calvin Robertson	
Age	Height
Heart symptoms <ul style="list-style-type: none">• High heart rate when he has a hard time breathing	
Respiratory symptoms <ul style="list-style-type: none">• Gets very hard to breathe sometimes• Coughing• Wheezing	
Digestive symptoms <ul style="list-style-type: none">• none	
Additional information (ex. other aches and pains, home/neighborhood information, exposure to chemicals or other hazards, etc.) <ul style="list-style-type: none">• Lives in the city near a big highway• Likes to play outside• Symptoms are worse in the summer	
Medications taken <ul style="list-style-type: none">• Uses an inhaler	
Preliminary Diagnosis <ul style="list-style-type: none">• Asthma attack	

Name _____

Know	Want to Know	Learned