

Patient Monitoring Form

Patient ID

Name: _____ Age: _____

Male Female Non-binary Adm Weight: _____ Height: _____

Adm Date: _____ Adm Time: _____

Chief Complaint:**History of Present Illness:****Past Medical History:****PTA Medications:****Current Medications:****Past Surgical History:**

Caffeine: _____

Last used: _____

Alcohol: _____

Last used: _____

Smoker: _____

Last used: _____

IVDU: _____

Last used: _____

Allergies (Rxn and Date):**Immunizations:****OTCs/Herbals:****Community Pharmacy:****Adherence/Aids?****Pertinent Vitals/Physical Findings on Admission:**

Vitals:

CNS/Neuro:

HEENT:

CVS:

RSP:

GI:

GU:

Liver/Renal:

HEME:

LYTES/Fluids:

ENDOCRINE:

MSK:

DERM:

Diagnostics (CXR, CT, GI Scope, ECG...):**New Diagnosis in Hospital:****Medical Issues:**

DATE	Baseline	Admission																
Vitals																		
Temp																		
BP																		
HR																		
RR																		
O ₂ Sat																		

Labs		DATE:																
WBC																		
Neut																		
Plts																		
Hgb																		
MCV																		
RDW																		
Na+																		
K+																		
Urea																		
Cr																		
eGFR																		
CrCl																		
Cl/CO ₂																		
INR																		
AST																		
ALT																		
GGT																		
TSH																		
trop																		
BNP																		
HgA1C																		

Microbiology													
Date	Site	Organism	amp	clox	vanc	cfaz	ctx	cipr	t/sx				

Space for other notes or glucometer readings:

Date	In	Out

Medical Condition (with the relevant labs/findings/medications/information – including patient values) List in order of importance/priority.	Goals of Therapy	NESA & DTPs. For each drug, consider the drug/ dose / route/ frequency/ regimen/ duration/ formulation. Is this condition caused by a drug?	Alternatives and Plan	Monitoring Plan (Targets, SE)

Medical Condition

Progress & Plan
Date:

Progress & Plan
Date:

Progress & Plan
Date

Progress & Plan
Date: