

ER VISIT

Today's
Date : _____



HOSPITAL : _____

WEIGHT : _____

CLINICIAN: _____

HEART RATE : _____

BLOOD PRESSURE : _____

MY CONCERNS & SYMPTOMS

CLINICIAN'S COMMENTS

QUESTIONS FOR CLINICIAN

PRESCRIPTION & INSTRUCTIONS

**FOLLOW UP
AFTER ER
VISIT**



WHO TO FOLLOW-UP WITH? _____

HOW MANY DAYS FROM THIS VISIT? _____