PATIENT CHECKLIST

PATIENT'S NAME

HEART RATE ❤ TEMPERATURE

- ❑ EYES
- ❑ EARS
- ❑ NOSE
- ❑ VACCINATIONS

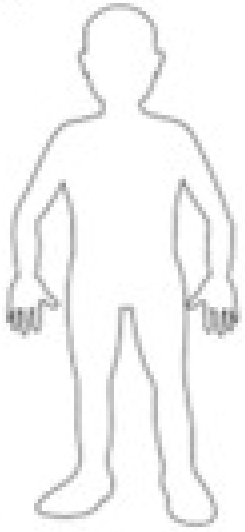
Notes:

Doctor's Notes

Patient Name: _____

Age: _____

Where does it hurt?



How do you feel?

CHT

Class Health Trust

Telephone Messages