***Date and time***

***Patient Age and Gender***

***PC****:*

***HPC****:*

***PHx****:*

***Meds:***

***Allergies****:*

***SHx:***

***O/E****:*

***General appearance****:*

***Vital Signs****:*

***Exam****:*

***Impression****: DDx or Diagnosis*

***Plan****:*

***Investigations****:*

***Tx****:*

***Results****:*

***Pathology****:*

***Radiology****:*

***Procedures****:*

***ED progress****:*

***Consultations/Discussions****:*

***Final Diagnosis****:*

***Disposition****:*