Hospital Chart

Primary Doctor: ____

Phone number: ______________________ Times rounding: ________________

Specialty Doctor: ____

Phone number: ______________________ Times rounding: ________________

Specialty Doctor: ____

Phone number: ______________________ Times rounding: ________________

Specialty Doctor: ____

Phone number: ______________________ Times rounding: ________________

Charge Nurse: ____

Phone number: ______________________ Available: ____________________

Section 2

Date	Doctor	Tests/Labs/Notes

Section 3

Medicine and dose	Time(s)										

New medicine	Why

Section 4

New diagnosis

Section 5

Labs

Section 6

Diagnostic tests

Section 7
Surgeries/Procedures

Section 8
List of Questions

Questions you should ask everyday:

1. Is my condition improving or worsening?
2. What is my diagnosis?/Have you made any new diagnoses?
3. Have you changed any medicines?
4. Are there any new treatments other than medicines?
5. How are my laboratory or other test results?
6. What new tests (blood, x-ray, CAT scan etc.) will be done today or tomorrow?
7. Do you have an anticipated discharge date?

Section 9
Notes