

Monthly Vital Sign Log

Patient Information

Patient Name: _____	Date of Birth: _____	Age: _____
Gender: _____	Diagnosis: _____	
Physician Name: _____	Contact Information: _____	
Emergency Contact: _____	Contact Information: _____	
Intake Status: _____	Prepared Discharge Date: _____	
Insurance: _____	Policy Number: _____	
Contact Information: _____		

Month	Temperature	Pulse	Blood Pressure	Respiration	Weight	Blood Sugar
January						
February						
March						
April						
May						
June						
July						
August						
September						
October						
November						
December						

Notes and Comments