

VITAL SIGN FLOW SHEET

DATE	Blood Pressure B/P	Temperature T	Pulse P	Respiration R	Weight WT	Height/Length H/L	SIGNATURE/COMMENTS

IF PULSE IS APICAL - PRECEDE RECORDING WITH LETTER "A"

LAST NAME	FIRST	INITIAL	ATTENDING PHYSICIAN	ROOM NO.	PATIENT NO.
-----------	-------	---------	---------------------	----------	-------------