



# RECORD OF WEIGHT, VITAL SIGNS AND GENERAL FLOW SHEET

State Form 46318 (R / 9-01)

PATIENT IDENTIFICATION	
Name of patient	
ID number	
Date of birth ( <i>month, day, year</i> )	

DATE	TIME	WT.	BLOOD PRESSURE	T	P	R	REPETITIVE ITEMS TO BE RECORDED <i>(initial each entry)</i>	INITIALS	RECORDER IDENTIFICATION <i>(record only once per page)</i>	
									SIGNATURE AND TITLE	

Refer to Progress Notes for assessment.