

Emergency Room Triage Assessment Form

Patient Name

Date of Birth

Gender

Date & Time of Arrival

Mode of Arrival

Chief Complaint

Temperature (°C)

Pulse (bpm)

Respiratory Rate (bpm)

Blood Pressure (mmHg)

Oxygen Saturation (%)

Pain Scale (0-10)

Allergies

Medical History

Triage Category

Assessment Notes

Assessment By

Date & Time of Assessment

