Patient Intake:

Vital Signs Checklist

Obtain and record each vital sign before imaging.

Patient First Name: _____

Patient Last Name: _____

Date of Birth: _____

Vital signs to obtain

Vital sign	Measurement	Date / time
☐ Temperature	_____	_____
☐ Blood pressure	_____	_____
☐ Height	_____	_____
☐ Weight	_____	_____
☐ SpO_2 (oxygen saturation)	_____	_____
☐ Pain level	_____	_____
☐ Heart rate	_____	_____
☐ Respiratory rate	_____	_____