# DAR Notes

**Patient's name:** _____   **Gender:** _____   **Date of birth:** _____   **Medical record ID:** _____

| Date and time | Data (objective and subjective) | Action | Response |
|---|---|---|---|
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Healthcare provider:** _____   **License number:** _____

**Contact number:** _____   **Signature:** _____