PROGRESS NOTE

Chief Complaint:

Interim History:

Allergies:
Medications:
   No change
   New

Nutrition:
   Weight: Same_____ Decreased_____ Increased_____  
   Food intake:

Mobility:
   Ambulates unassisted
   Uses device
   Wheelchair
   Bedbound

Review of Systems:
HEENT: 
Cardiac: 
Pulmonary: 
Gl: 
GU: 
Musculoskeletal: 
Skin: 
Neuro: 
Psychosocial: 

Physical Exam:
VS: BP: P: R: Temp: Wt:  
HEENT: 
Heart: 
Lungs: 
Abdomen: 
Extremities: 
Neuro: 
Mental status/affect: 
Nutritional status 
Mobility: 
Skin: 

Labs/Diagnostics:
Labs: 
X-rays: 
Colnsultations: 

Assessment: 

Plan:
Medical orders – care plan reviewed 
Medications reviewed 
Verbal orders reviewed 
Treatment plan discussed with patient 
Family conference 
Advance Directives 

J/Forms/ Progress Note
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<th>First Name</th>
<th>Attending Physician</th>
<th>Room No.</th>
<th>Patient No.</th>
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