Guided Notes

PATIENT INFORMATION

Name: _____ Date of birth: _____ dd / mm / yyyy

Gender: _____ Date of visit: _____ dd / mm / yyyy

Attending physician: _____

Medical history:

Current medications:

Pre-existing medical conditions:

CHIEF COMPLAINT

Specify below:

Other subjective observations:

PHYSICAL ASSESSMENT

Vital signs:

Physical examination:

Diagnostic testing:

Interpretations:

PLAN

Further assessment:

Treatment plan:

Referrals:

PATIENT GOALS

Short term patient-goals:

Long term patient-goals:

Action steps:

Expected outcomes:

ADDITIONAL NOTES

Specify below: