Medical-Surgical Inpatient Progress Note

Patient Name:

Enter patient name

Medical Record #:

MRN

Date:

Provider:

Provider Name

Subjective

Patient's complaints, symptoms, status updates

Objective

Vital Signs:

BP, HR, RR, Temp, O2 sat

Physical Exam:

General appearance, HEENT, CV, Respiratory, Abd, Neuro, Extremities

Lab/Imaging Results:

Pertinent labs, imaging, other results

Assessment

Summary of diagnosis and clinical issues

Plan

Plan for each problem/diagnosis (eg. monitoring, medications, consults, procedures)

Disposition

Level of care, anticipated discharge needs, follow-up