

Routine Follow-Up Progress Note

Patient Name:

Date of Visit:

MRN / Patient ID:

DOB:

Provider:

Reason for Visit:

Subjective

Chief Complaint / Interval History:

Symptoms/Changes Since Last Visit:

Objective

Vital Signs:

Physical Exam:

Relevant Labs/Imaging:

Assessment

Plan

Medications:

Orders/Referrals:

Follow-Up Instructions:

Clinician Signature:

Date: