

# Medical-Surgical Progress Notes

Patient Name

Medical Record Number

Date

Time

Age

Sex

Service

Consultants

## Subjective

Patient-reported symptoms, complaints, and concerns

## Objective

Vital signs, physical exam findings, labs, imaging

## Assessment

Clinical impression, diagnosis, response to treatment

## Plan

Next steps, additional tests, procedures, follow-up

## Problem List

Enumerate active medical/surgical problems

## Medications

Current medication list, changes

Provider Name

Signature

Title