

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