



**Department of Internal Medicine
Progress Note**

Name

MR#:

DOB:

N/S:

Service/Doctor:

Meds:

Situation and Background (Subjective):

Situation and Background (Objective):

General:

Vital Signs: BP: _____ HR: _____ RR: _____ TMax: _____ i/o: _____

Labs:

Exam	WNL	See Note
Eyes	<input type="checkbox"/>	<input type="checkbox"/>
Ear, Nose, Mouth, Throat	<input type="checkbox"/>	<input type="checkbox"/>
Neck	<input type="checkbox"/>	<input type="checkbox"/>
Skin	<input type="checkbox"/>	<input type="checkbox"/>
Extremities	<input type="checkbox"/>	<input type="checkbox"/>
Cardiovascular	<input type="checkbox"/>	<input type="checkbox"/>
Chest / Pulmonary	<input type="checkbox"/>	<input type="checkbox"/>
GI	<input type="checkbox"/>	<input type="checkbox"/>
Genitourinary	<input type="checkbox"/>	<input type="checkbox"/>
Musculoskeletal	<input type="checkbox"/>	<input type="checkbox"/>
Neurologic	<input type="checkbox"/>	<input type="checkbox"/>
Psychiatric	<input type="checkbox"/>	<input type="checkbox"/>
Heme/Lymph	<input type="checkbox"/>	<input type="checkbox"/>

Investigations:

ASSESSMENT AND RECOMMENDATION:

☐ Nurse's note reviewed ☐ Social work note reviewed

☐ _____ consult(s) reviewed.

☐ Other notes reviewed: _____





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ASSESSMENT AND RECOMMENDATION: (continued)

☐ Plan discussed with attending. ☐ Plan discussed with patient/family. ☐ 24 h discharge notice given.

Resident / PA / NP Signature and Stamp: _____

Date:

Time:

ATTENDING PHYSICIAN ATTESTATION:

☐ I have seen and evaluated the patient. I have discussed the findings with the resident / PA and agree with the plan as documented in the resident / PA note except where noted.

Key Points:

Attending Physician Signature and Stamp: _____

Date:

Time: