Patient: _____

Age/Sex: _____

Date: _____

MRN: _____

Subjective

- Chief Complaint (CC): "_____"
- History of Present Illness (HPI): _____

  (Onset, Location, Duration, Character, Aggravating factors, Relieving factors, Timing, Severity /10)
- Past Medical / Surgical History: _____
- Medications: _____
- Allergies: _____
- Family / Social History: _____
- Review of Systems (ROS): _____

Objective

- Vital Signs: Temp ___ HR ___ BP ___ RR ___ SpO2 ___ Pain ___
- General Appearance: _____

- Physical Exam: _____

  (HEENT, Cardiovascular, Respiratory, Abdomen, Neuro, Skin/Extremities)

- Labs: _____
- Imaging / Diagnostics: _____

Assessment

- Working Diagnosis: _____
- Differential Diagnosis: _____
- Clinical Reasoning: _____
- Problem List: _____

Plan

- Diagnostics: _____
- Treatment: _____
- Referrals / Consults: _____
- Patient Education: _____
- Follow-up: _____