

## 1 Patient Information

### 1 PATIENT DETAILS

Name:	_____	DOB / Age:	_____
Date of Visit:	_____	MRN:	_____
Provider:	_____	Location / Clinic:	_____

## 2 Reason for Visit

### 2 VISIT PURPOSE

Summarize the primary reason the patient was seen today — chief complaint, scheduled follow-up, acute concern, or procedure...

## 3 Diagnoses Addressed

### 3 CONDITIONS DISCUSSED OR TREATED

List all diagnoses addressed at this visit — include ICD-10 codes where applicable. Note whether each is new, ongoing, or resolved...

## 4 Treatment Provided

### 4a PROCEDURES & INTERVENTIONS

Describe any procedures, interventions, or in-office treatments performed during this visit — include technique, site, and outcome...

### 4b MEDICATIONS ADMINISTERED

List any medications administered during the visit — include name, dose, route, and time...

## 5 Medications

### 5a NEW PRESCRIPTIONS

List new medications prescribed at this visit — name, dose, frequency, duration, and indication...

### 5b MEDICATION CHANGES

Document changes to existing medications — specify what changed and the reason...

**5c DISCONTINUED MEDICATIONS**

List medications stopped at this visit — include reason for discontinuation...

**6 Patient Instructions**

**6a HOME CARE GUIDANCE**

Wound care, rest, activity level, monitoring instructions, symptom diary, device use, or any specific home care directions provided...

**6b ACTIVITY RESTRICTIONS**

Specify any restrictions — lifting limits, driving restrictions, return-to-work/school timeline, exercise limitations...

**6c DIET & LIFESTYLE**

Dietary modifications, fluid intake, substance use counseling, sleep hygiene, or lifestyle recommendations discussed...

**7 Warning Signs**

**7 SYMPTOMS REQUIRING URGENT CARE**

List symptoms or signs that should prompt the patient to seek immediate care — include threshold for ER vs. office call...

**8 Follow-Up**

**8a NEXT APPOINTMENT**

Return in: \_\_\_\_\_

Purpose of follow-up: \_\_\_\_\_

Appointment scheduled: \_\_\_\_\_

**8b PENDING REFERRALS & TESTS**

List any referrals placed, imaging ordered, labs pending, or specialist appointments to be scheduled — include expected timeframes...

Provider name & credentials: \_\_\_\_\_ Date / Time: \_\_\_\_\_

Signature: \_\_\_\_\_ Clinic / Facility: \_\_\_\_\_