Urgent Care Work Note Template

For independent and small group urgent care practices

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Copy into your EHR or print and complete by hand. Fill every field before signing. Remove all bracketed placeholder text before the note leaves your clinic.

PROVIDER & CLINIC

PROVIDER NAME & CREDENTIALS
[Full name, MD / DO / NP / PA]

CLINIC NAME
[Clinic name]

CLINIC ADDRESS
[Street, City, State, ZIP]

PHONE / FAX
[Phone or fax for employer verification]

PATIENT

PATIENT FULL NAME
[Last, First]

DATE OF BIRTH
[MM / DD / YYYY]

VISIT & CLINICAL BASIS

DATE OF VISIT
[MM / DD / YYYY]

REASON FOR VISIT / CLINICAL BASIS
[e.g., "acute illness" or "acute injury"; omit specific diagnosis if patient requests privacy]

WORK / SCHOOL IMPACT

EXCUSED ABSENCE: START DATE
[MM / DD / YYYY]

EXCUSED ABSENCE: END DATE
[MM / DD / YYYY]

ACTIVITY RESTRICTIONS DURING THIS PERIOD
[e.g., no lifting >10 lbs / no prolonged standing / no direct patient contact; or: None]

RETURN-TO-WORK / SCHOOL DATE
[MM / DD / YYYY]

RETURN CONDITIONS
[No restrictions, or specify: _____]

PROVIDER SIGNATURE

PROVIDER SIGNATURE
_____

DATE SIGNED
[MM / DD / YYYY]

WORDING EXAMPLES: Copy into the "Reason for Visit / Clinical Basis" field above

ILLNESS

Patient was evaluated and treated for an acute illness on [date of visit]. Due to the nature of the condition, patient is excused from work / school from [start date] through [end date] and may return without restriction on [return date]. Any activity limitations during this period: [none / specify].

INJURY

Patient was evaluated and treated for an acute injury on [date of visit]. Due to the nature of the injury, patient is excused from work / school from [start date] through [end date]. Activity restrictions during this period: [none / specify, e.g., no lifting >__ lbs, no prolonged standing]. Patient may return to full duties on [return date].

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