



CLINICAL SUMMARY TEMPLATE

General Information:

Patient Name:

Medical Record Number:

Date of Service:

Reason for Visit

Chief Complaint(s):

Symptoms:

Medical History/Past Conditions:

Medications

Current Medication(s):

Allergies:

Vitals and Physical Exam Findings:

Temp:

BP:

HR

RR:

BMI:

O2 Sat:

Height: _____

Weight: _____



CLINICAL SUMMARY TEMPLATE

Test Results:

Lab Reports:

Imaging:

Plan and Next Steps:

Diagnosis:

Differential Diagnoses:

Treatment Plan:

Follow-Up Instructions:

Provider Notes:

Observations:

Recommendations: