



Today's date:

Patient name:	Date of birth:
Doctor name:	Practice name:
Practice address:	City, state, zip:

OBSERVATION

Subjective – describe patient’s current reason (condition) for being seen, onset, chronology (better or worse since onset, episodic, variable, postures, drugs, etc.), quality (pain/condition sharp, dull, etc.), severity (usually a pain rating), modifying factors (what aggravates/reduces symptoms), additional symptoms (unrelated/significant symptoms to chief complaint), treatment (other providers consulted for symptom)

Objective – vital signs, findings from physical exam (e.g., posture, bruising, abnormalities), results from laboratory, measurements (e.g., age, weight)

Assessment – What is your medical diagnoses for the medical visit on the given date of a note written? There may be more than one. Examples: GERD (K21.9), Snoring (R06.83), Excessive Daytime Sleepiness (EG47.10), Primary Hypertension (EG47.10)

Treatment plan – (lab orders, provider referrals, procedures performed, prescribed medications, etc.)

Follow-up / next appointment

Doctor’s signature:	Date:
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