NF
SNF

DATE:
RESIDENT:
ROOM:
DOB:

PROGRESS NOTE

Chief Complaint:

Interim History:

Allergies:
Medications:
No change
New

Nutrition:
Weight: Same_____ Decreased_____ Increased_____
Food intake:

Mobility:
Ambulates unassisted
Uses device
Wheelchair
Bedbound

Review of Systems:
HEENT:
Cardiac:
Pulmonary:
GI:
GU:
Musculoskeletal:
Skin:
Neuro:
Psychosocial:

Physical Exam:
VS: BP: P: R: Temp: Wt:
HEENT:
Heart:
Lungs:
Abdomen:
Extremities:
Neuro:
Mental status/affect:
Nutritional status
Mobility:
Skin:

Labs/Diagnostics:
Labs:
X-rays:
Colnsultations:

Assessment:

Plan:

Medical orders – care plan reviewed
Medications reviewed
Verbal orders reviewed
Treatment plan discussed with patient
Family conference
Advance Directives

DOCTOR'S PROGRESS NOTES

Last Name	First Name	Attending Physician	Room No.	Patient No.

Date	Hour	