

FOLLOW-UP PROGRESS NOTES

DOS: _____

DOB: _____

DOI: _____

Patient Name _____

Temp _____

Pulse _____

BP _____

MEDICATION _____

HELPING _____

Y N N/A

SE Y N N/A

REFILL Y N

THERAPY _____ times a week Helping: Y N

ER / UC / GP

Y N

Reviewed w/ pt

IMAGING X-ray MRI _____ Reviewed w/ pt

SPECIALTY _____

Reviewed w/ pt

S

PAIN

FREQUENCY	Occasional	Frequent	Constant	Lasts: hrs mins			BEST LAST WEEK	1	2	3	4	5	6	7	8	9	10
WORSE ↑	Sitting	Standing	Bending	Turning	Straining	NOC	WORST LAST WEEK	1	2	3	4	5	6	7	8	9	10
BETTER ↓	Meds	Rest	Movement	Brace	Ice	Heat	NOC	DUTIES UNDER DURESS	Y	N							

SX

SYMPTOMS	RESOLVED	BETTER	SAME	WORSE	NEW
OVERALL: Pain Energy Dizziness Concentration Sleep Mood ADL					
HEENT: HA Facial pain Dental pain Visual problems Nose bleeds					
NECK: Pain Stiffness Spasm →					
UP/MID BACK: Pain along spine Inter-scapular pain Trap spasm					
CHEST / ABD: Palpitations Pain w breathing Bruising GI					
LOW BACK: Pain Stiffness Spasm →					
EXTREMITIES:					
OTHER:					

OBJECTIVE

GENERAL: Cooperative N speech N memory

HEAD: NCAT Scalp NT

EENT: N inspection PERL EOMI

CHEST / ABD: NT NWOB No bruises/marks

CS:

UE:

THORACIC

LS:

LE:

NEURO:



N normal D deformity H hypertonicity P pain w motion S swelling, spasm R paresthesia B bruising W weakness + or O positive, present
 N non-tender S scar L ↓ROM, splinting T tenderness TP trigger point → radiation A abrasion I or ✓ (grossly) intact ⊖ or \ negative, absent

DX

As previous visit

See superbill

RF

IMAGING:

SPECIALTY:

PLAN

- ☐ Continue physical rehabilitation / exercise / stretching in clinic / at home as directed
- ☐ Continue practicing stress reduction techniques: breathing, relaxation, meditation
- ☐ Rx: Continue Refill New D/C
- ☐ Obtain: Old medical records Test results Consultation reports
- ☐ Release from care; follow up with specialty as indicated

Potential SE of medications explained to pt. These include, but are not limited to, nausea, vomiting, diarrhea, bleeding, drowsiness, impaired mentation, & habit formation.

INSTRUCTED: Dx Tx Rx AE R&B Referrals Imaging Cognitive restructuring

CONDITION: Resolved Improved Unchanged Plateaued Exacerbation

INFORMED Given opportunity to state concerns & ask questions

CONSENT: Verbalized understanding & agreed | disagreed w POC

RTC: _____, sooner if sx worsen

Released from care

MEDICAL PROVIDER _____

DISCUSSED WITH _____