Guided Notes

Instructions for Use:

- 1. Fill in patient demographics and medical history.
- 2. Document the patient's chief complaint, including relevant details.
- 3. Conduct a thorough assessment, including vital signs, physical examination, and diagnostic tests.
- 4. Develop a comprehensive plan tailored to the patient's needs, including treatment, education, and referrals.
- 5. Collaboratively set patient goals and action steps.
- 6. Use the additional notes section for any pertinent information.
- 7. Review and discuss the guided notes with the patient, ensuring clarity and understanding.
- 8. Keep the completed template as part of the patient's medical record.

| Patient Information: | | |
|----------------------|---------|--|
| Name: | | |
| Age: | Gender: | |
| Date of Visit: | | |
| Medical History: | | |
| Current Medications | s: | |
| Chief Complaint: | | |
| Presenting Problem | ı: | |
| Duration: | | |
| Severity: | | |

| Aggravating Factors: |
|--------------------------------|
| Alleviating Factors: |
| Assessment: |
| Vital Signs: |
| Physical Examination Findings: |
| Diagnostic Tests Ordered: |
| Differential Diagnoses: |
| Plan: |
| Treatment Plan: |
| Patient Education: |
| Referrals: |

| Follow-up Instructions: |
|-------------------------|
| Patient Goals: |
| Short-term Goals: |
| Long-term Goals: |
| Action Steps: |
| Expected Outcomes: |
| Additional Notes: |
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