

Guided Notes

Patient information	
Name:	
Date of birth:	Gender:
Date of visit:	Attending physician:
Medical history:	
Current medications:	
Pre-existing medical conditions:	
Chief complaint	
Other subjective observations:	

Physical assessment
Vital signs:
Physical examination:
Diagnostic testing:
Interpretations:

Plan**Further assessment:****Treatment plan:****Referrals:****Patient goals****Short term patient-goals:****Long term patient-goals:**

Action steps:

Expected outcomes:

Additional notes