Medical Note-Taking Template

Patient Information

Name: _____

Date of Birth: _____

Medical Record Number: _____

Allergies: _____

Chief Complaint

Presenting Symptoms:

Medical History

Previous Medical Conditions:

Surgeries:

Allergies:

Family Medical History:

Vital Signs

Blood Pressure: _____/_____ mmHg

Heart Rate: _____ bpm

Respiratory Rate: _____ breaths/min

Temperature: _____

Physical Examination Findings

General Appearance: _____

HEENT: _____

Cardiovascular: _____

Respiratory: _____

Gastrointestinal: _____

Neurological: _____

Current Medications

Medication Name	Dosage	Frequency

Assessment

Summary of Findings:

Working Diagnosis:

Plan

Recommended Treatment:

Prescribed Medications:

Diagnostic Tests/Procedures:

Follow-Up Instructions:

Additional Notes

Provider's Signature: Dr. Aaron Smith _____   **Date:** _____