



BAY REGION WOODLAND HEALTHCARE
PROGRESS NOTE

Name: _____ Date of Service: _____ DOB: _____

Temp: _____ Pulse: _____ Resp: _____ BP: _____ Wt: _____ Ht: _____ BMI: _____

Chief Complaint: _____

_____ MA signature _____

HPI: _____

PE: A&Ox3, NAD. **HEENT: Eyes** - conjunctiva wnl, sclera wnl, no drainage, perla. **Nose** - clear, turbinate wnl. **Throat** - no erythema, uvula midline, tonsils wnl, no swelling or exudate. **TM's** - patent, no excessive cerumen, no erythema, bulging or retraction. **Neck:** supple, no lymphadenopathy, **Thyroid:** no masses or nodules. **CV:** Heart S1, S2 without murmur, RRR. pulses strong and equal, no edema, no carotid bruit. **Resp:** LS CTA, resp even, nonlabored. No cough or SOB. **ABD:** soft, nontender, BS+x4quads, no megally, no CVA or SP tenderness, nondistended. **Skin:** intact, p, w, d. no masses, nodules or lesions. **MS:** muscle strenght and mass wnl, no limitations, or pain, full ROM, no swelling or bruising, no crepitus or laxity. **Neuro:** CN II-XII grossly intact, no sensory deficit. **Psyc:** mood appropriate, converses appropriately.

Pertinent Objective Findings:

Diagnosis: _____ Plan: _____

MA orders: _____

Signature: _____ Date: _____ Time: _____

Key: circled-abnormal finding, / - not assessed