

# McLaren Medical Group

## PROGRESS NOTE

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_ Date of Service \_\_\_\_\_  
 HT: \_\_\_\_\_ WT: \_\_\_\_\_ BMI: \_\_\_\_\_ TEMP: \_\_\_\_\_ RESP: \_\_\_\_\_ PULSE: \_\_\_\_\_ BP \_\_\_\_\_/\_\_\_\_\_  
 PAIN (0-10): \_\_\_\_\_ WHERE? \_\_\_\_\_

<b>Over the past 2 weeks, has the patient been bothered by any of the following problems?</b>		
1. Little interest or pleasure in doing things?	YES	NO
2. Feeling down, depressed or hopeless	YES	NO
<b>*** If numbers 1 or 2 were answered "YES", a PHQ 9 must be completed***</b>		

<b>Chief Complaint:</b>	
<b>History of Present Illness:</b>	
<b>Past Medical History:</b>  _____ Reviewed and unchanged since: _____	<b>Past Surgical History:</b>  _____ Reviewed and unchanged since: _____
<b>Social History:</b>  _____ Reviewed an unchanged since: _____	<b>Family History:</b>  _____ Reviewed and unchanged since: _____
<b>Meds:</b> _____ Reviewed; Flow sheet updated	<b>Allergies:</b> _____ Reviewed; Flow sheet updated

REVIEW OF SYSTEMS ("X" if normal, circle if abnormal)	PHYSICAL EXAM ("X" if normal, circle if abnormal)
<b>GEN</b> No fever, chill, wt. loss, fatigue	<b>GEN</b> WN, WD, NAD
<b>HEENT</b> No HA, visual changes, hearing loss, tinnitus, rhinorrhea, congestion, dysphagia, odynophagia	<b>HEENT</b> NCAT, PERRLA, EOMI, TMs clear B, OP clear with MMM, sclera/conj clear B, nasal mucosa normal
<b>RESP</b> No cough, wheezing, SOB, hemoptysis	<b>RESP</b> CTA B, no wheezes, rales, rhonchi
<b>CV</b> No CP, DOE, PND, LE swelling, palpitations	<b>CV</b> RRR, No M/R/G, Normal S1S2, PMI WNL
<b>GI</b> No N/V/D, constipation, abd pain, melena, hematochezia, reflux	<b>GI</b> Soft, NT, ND, NABS, No HSM/masses, No peritoneal Sx, normal sphincter tone, prostate, heme neg.
<b>GU</b> No dysuria, hematuria, polyuria, nocturia, discharge, CVAT	<b>GU</b> Normal male, Normal female
<b>MS</b> No joint swelling, joint or muscle pain	<b>MS</b> NROM, no peripheral edema, MS 5/5 BUE, BLE
<b>NEURO</b> No paresthesia, weakness, seizure, CVA sx	<b>NEURO</b> CN 2-12 intact, DTR's 2+ B ankle, patella, biceps, triceps, gait and balance grossly normal
<b>PSYCH</b> No anxiety, depression, problems sleeping, concentrating	<b>PSYCH</b> normal affect, judgement, mood, A&O x3
<b>SKIN</b> No rash, changing lesions	<b>SKIN</b> No rashes, lesions, ulcers, induration
<b>HEME/IMMUNE</b> No chills, fevers, weight loss. No abnormal bleeding/bruising	<b>LYMPH</b> Neck, axilla, groin
<b>ENDO</b> No cold intol, hair or nail changes	<b>Rectal</b> Heme negative, normal prostate
<b>Allergies</b> No hay fever, runny nose	<b>Back</b> neg. SLR test x2, no scoliosis, no spasm
	<b>Pulses</b> Dorsalis Pedis, Radial, femoral 2+
	<b>NECK</b> Supple, No JVD, No carotid bruits, NROM
	<b>CHEST</b> Normal breast, no nipple D/C, No skin changes

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**ABNORMAL REVIEW OF SYSTEMS:**

**ABNORMAL PHYSICAL EXAM:**

**ASSESSMENT & PLAN:**

<b>RETURN TO OFFICE:</b>	<b>PATIENT VERBALIZES UNDERSTANDING OF INSTRUCTIONS GIVEN</b> <input type="checkbox"/>
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PROVIDER SIGNATURE: \_\_\_\_\_ DATE/TIME: \_\_\_\_\_