NEW PATIENT PROGRESS NOTE

Patients Name: DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:

CHIEF COMPLAINT:

Injury related to school/ athletic event? YES/NO Workers Comp? YES/NO Date of injury? \_\_\_\_\_\_\_\_\_\_\_\_\_ Name of school/college/university : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sport:

XRAYS? YES/NO WHERE? \_\_\_\_\_\_\_\_\_\_\_ MRI? YES/NO WHERE? \_\_\_\_\_\_\_\_\_\_ CT SCAN? YES/NO WHERE:

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| --- | --- | --- |
| **Current Medications** | **Allergies to any medications** | **Reaction to medications** |
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NKDA

Treatment to date:

All surgical history: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

All medical history: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Smoke? YES/NO PPD? Alcohol? YES/NO Amount?

Activity Level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

VITALS: HT:\_\_\_\_\_ WT:

BP:

PULSE:

RESP:

Referring physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Appointment date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHYSICIANS SIGNATURE (WHEN DICTATED: DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_