## Your Hospital's Logo

## **PROGRESS NOTES**

## ALL NOTES MUST BE [1] SIGNED, AND [2] DATED

Hovo				
Here	LAST NAME:	FIRST NAME:		DOB:
AGE:	REASON FOR VISIT ( Use Patient Quotes ):			
DATE:				
TIME: (Military	Time) NURSE ( Signature ):	NURSE ( Title ):		
ADU	LT -or- CHILD (≥3 Yrs Old)	INFANT -or- TODDLE	ER (Birth to	3 Yrs Old )
T:	P:	T:	P:	
WT:	BP:	WT:	BP:	
HT:	RR:		RR:	
SHOW TEMP METHOD:		SHOW TEMP METHOD:		
SMOKER?	YES NO FORM	ER SMOKER ? ☐ YES ☐ NO		MO / YR Quit Smoking
ACCUCHECK ( Diabetic ):		PRENATAL URINE: Protein	Glucose	
DATE	PROGR	RESS NOTES - All notes must be sign	gned & dated	
	<u> </u>			

PART OF THE MEDICAL RECORD

DATE	PROGRESS NOTES	- All notes must be signed & dated	
DAIL	PROGRESS NOTES	- All flotes flust be signed & dated	

FIRST NAME:

DOB:

LAST NAME:

## PART OF THE MEDICAL RECORD