# ADULT PROGRESS NOTE

Date: _____

❑ New ❑ Return ❑ Periodic

Patient Name: _____

Date of Birth: _____

❑ Chart Not Available ❑ Interval ED Visit ❑ Interval Admission **Allergies:** ❑ Yes (See Adult Summary Form) ❑ No
❑ Missed App't(s) ❑ Needs Prescriptions

**CC:** _____

_____ Initial: _____

**HPI:** *(Location, Quality, Severity, Duration, Timing, Context, Modifying Factors, Assoc. S / Sx)*

**Medications:** ❑ None ❑ See Updated Med List

## Review of Systems:

| + | − | ***CONSTITUTIONAL*** |
|---|---|---|
| ❑ | ❑ | Chnge Wt |
| ❑ | ❑ | Fatigue |
| ❑ | ❑ | Temperature / Chills |
| ❑ | ❑ | Weakness |
| | | ***SKIN*** |
| ❑ | ❑ | Chng Color |
| ❑ | ❑ | Chng Hair / Nails |
| ❑ | ❑ | New Lesions |
| ❑ | ❑ | Pruritis |
| ❑ | ❑ | Rash |
| ❑ | ❑ | Xerosis |
| | | ***EYES*** |
| ❑ | ❑ | Cataracts |
| ❑ | ❑ | Chng Vision |
| ❑ | ❑ | Glaucoma |
| ❑ | ❑ | Redness |
| | | ***ENMT*** |
| ❑ | ❑ | Bleeding Gums |
| ❑ | ❑ | Chng Hearing |
| ❑ | ❑ | Chng Voice |
| ❑ | ❑ | Dentures |
| ❑ | ❑ | Epistaxis |
| ❑ | ❑ | Hoarseness |
| ❑ | ❑ | Sinusitis |

| + | − | |
|---|---|---|
| ❑ | ❑ | Tinnitus |
| ❑ | ❑ | Ulcers |
| | | ***RESPIRATORY*** |
| ❑ | ❑ | Asthma |
| ❑ | ❑ | Bronchitis |
| ❑ | ❑ | Cough |
| ❑ | ❑ | DOE |
| ❑ | ❑ | Hemoptysis |
| ❑ | ❑ | Pneumonia |
| ❑ | ❑ | SOB |
| | | ***CARDIOVASCULAR*** |
| ❑ | ❑ | Angina |
| ❑ | ❑ | CAD |
| ❑ | ❑ | Chest Pain |
| ❑ | ❑ | Claudication |
| ❑ | ❑ | DOE |
| ❑ | ❑ | Edema |
| ❑ | ❑ | HTN |
| ❑ | ❑ | Orthopnea |
| ❑ | ❑ | Palpitations |
| ❑ | ❑ | PND |
| | | ***GASTROINTESTINAL*** |
| ❑ | ❑ | BRBPR |
| ❑ | ❑ | Chng Bowel Habits |

| + | − | |
|---|---|---|
| ❑ | ❑ | Constipation |
| ❑ | ❑ | Diarrhea |
| ❑ | ❑ | Dysphagia |
| ❑ | ❑ | Fecal Incontinence |
| ❑ | ❑ | GERD |
| ❑ | ❑ | Hematochezia |
| ❑ | ❑ | Hemorrhoids |
| ❑ | ❑ | Melena |
| ❑ | ❑ | N / V |
| ❑ | ❑ | PUD |
| + | − | ***GENITOURINARY*** |
| ❑ | ❑ | Chng Stream |
| ❑ | ❑ | Hematuria |
| ❑ | ❑ | Hernia |
| ❑ | ❑ | Hesitancy |
| ❑ | ❑ | Impotence |
| ❑ | ❑ | Incontinence |
| ❑ | ❑ | Nocturia |
| ❑ | ❑ | Polyuria |
| ❑ | ❑ | Scrotal Masses / Pain |
| ❑ | ❑ | STD's |
| ❑ | ❑ | Urgency |

| + | − | ***MUSCULOSKELETAL*** |
|---|---|---|
| ❑ | ❑ | Arthritis |
| ❑ | ❑ | Cervical Pain |
| ❑ | ❑ | Decreased Motion |
| ❑ | ❑ | Gout |
| ❑ | ❑ | Injuries |
| ❑ | ❑ | Joint Pain |
| ❑ | ❑ | Joint Stiffness |
| ❑ | ❑ | Locking Joints |
| ❑ | ❑ | Low Back Pain |
| ❑ | ❑ | Swelling |
| | | ***PSYCHIATRIC*** |
| ❑ | ❑ | Depression |
| ❑ | ❑ | Homicidal Ideation |
| ❑ | ❑ | Substance Abuse |
| ❑ | ❑ | Suicidal Ideation |
| ❑ | ❑ | Time / Place Orientation |
| ❑ | ❑ | Recent / Remote Memory |
| ❑ | ❑ | Anxiety / Agitation |
| | | ***FEMALE REPROD.*** |
| ❑ | ❑ | Abnormal Menses |
| ❑ | ❑ | Dryness |
| ❑ | ❑ | Dyspareunia |
| ❑ | ❑ | Sexual Abuse |
| ❑ | ❑ | Vaginal Discharge |

| + | − | |
|---|---|---|
| ❑ | ❑ | Breast Pain |
| ❑ | ❑ | Breast Lumps |
| ❑ | ❑ | Breast Discharge |
| | | ***ENDOCRINE*** |
| ❑ | ❑ | Heat / Cold Intol. |
| ❑ | ❑ | Neck Enlargement |
| ❑ | ❑ | Polydipsia |
| ❑ | ❑ | Xerosis |
| | | ***NEUROLOGIC*** |
| ❑ | ❑ | Chng Concentration |
| ❑ | ❑ | Chng Memory |
| ❑ | ❑ | Dizziness |
| ❑ | ❑ | Headache |
| ❑ | ❑ | Imbalance |
| ❑ | ❑ | Numbness |
| ❑ | ❑ | Seizures |
| ❑ | ❑ | Tremor |
| ❑ | ❑ | Weakness |
| | | ***HEMATOLOGIC*** |
| ❑ | ❑ | Anemia |
| ❑ | ❑ | Easy Bruisability |
| ❑ | ❑ | Enlarged LN's |
| ❑ | ❑ | Hx Transfusions |

## Comments:

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❑ PMH Reviewed - No Changes; See Adult Summary Form
❑ SHx Reviewed - No Changes; See Extended Hx Form
❑ FHx Reviewed - No Changes; See Extended Hx Form

❑ PMH Reviewed & Updated; See Adult Summary Form
❑ SHx Reviewed & Updated; See Extended Hx Form
❑ FHx Reviewed & Updated; See Extended Hx Form