PHYSICAL ASSESSMENT

Date:	Age:	Reason for visit:		
Ht: Wt:	BMI: %	Drug Allergies:		
Temp:	BP:	LMP:	Preg Test: Pos	Neg
Pulse:	Resp:	A1c:		
Accucheck:	Signature	Print Name		

SUBJECTIVE	Tobacco Use:	ETOH/Other	Medication(s):

OBJECTIVE	Normal	Abnormal	COMMENTS
General			
HEENT			
Neck/Lymph			
Chest			
Lungs			
CV			
Abdomen			
Rectal			
GU			
Neuro			
M/S			
Skin			

ASSESSMENT/PLAN	TB Risk ☐ No ☐ Yes (assess annually)	Immunization Status Review ☐ Yes ☐ No (assess annually)

Lab Now: ☐ CBC ☐ CMP ☐ BMP ☐ Lipid ☐ TSH ☐ HgbAlc ☐ FBS ☐ UA ☐ Urine C/S ☐ Other

Lab for next visit: ☐ CBC ☐ CMP ☐ BMP ☐ Lipid ☐ TSH ☐ HgbAlc ☐ FBS ☐ UA ☐ Urine C/S ☐ Other

☐ Patient Education ☐ Diet & Exercise Discussed Referred to:

Return to Clinic:

Clinician Signature: Date:

Print Clinician Name:

RIVERSIDE COUNTY HEALTH SYSTEM
DIVISION OF AMBULATORY CARE

PROGRESS NOTES

Medication/Medicina

_____ Dispensed/Dispensadas

_____ Prescription/Receta

Laboratory/Labortorio

_____ Approval for Labortory

_____ Aprobación de laboratorio

Patient's Signature/Firma de paciente

Date

Date	Comments

Riverside County Health System
Division of Ambulatory Care