

Outpatient Progress Note and Clinical Record

Patient Demographics

Patient Name: Date of Birth:
Medical Record Number (MRN): Date of Visit:
Attending Provider: Facility/Clinic:

Vital Signs

Blood Pressure (mmHg): Heart Rate (bpm):
Temperature (°F): Respiratory Rate (rpm):
SpO2 (%): Weight (lbs/kg):

Clinical SOAP Note

Subjective (Chief Complaint & History of Present Illness):

Objective (Physical Exam & Objective Findings):

Assessment (Diagnoses, Clinical Impression, & Progress):

Plan (Medications, Referrals, Patient Education, & Follow-up):

Sign-off & Authentication

Provider Signature: Date & Time: