Follow Up Outpatient Assessment and Progress Form

1. Patient Demographics

Patient Name: Date of Birth: MM/DD/YYYY

Medical Record Number (MRN): Date of Visit: MM/DD/YYYY

Provider Name:

2. Vital Signs

Blood Pressure: e.g., 120/80 Heart Rate (bpm):

Temperature (Â°F/Â°C): Respiratory Rate (bpm):

Weight (lbs/kg): Pain Scale (0-10):

3. Subjective / Interval History

Chief Complaint / Reason for Follow-Up:

Interval Changes / Progress Since Last Visit:

Current Symptoms (Severity, Duration):

Medication Compliance and Side Effects:

4. Assessment & Clinical Impression

Patient Status (e.g., Improved, Stable, Deteriorated):

Active Diagnoses / Assessment Notes:

5. Treatment Plan

Changes to Medications / New Prescriptions:

Referrals, Diagnostics, or Laboratory Tests Ordered:

Patient Education & Counseling Provided:

Recommended Follow-Up Interval: e.g., 2 weeks, 1 month

6. Signatures

Provider Signature: Signed electronically or ma Date / Time: MM/DD/YYYY HH:MM