

# Physician Clinical Evaluation and Notes

## Patient Demographics

Patient Name:

Date of Birth:

Medical Record Number (MRN):

Date of Visit:

## Vital Signs

Blood Pressure (mmHg):

Heart Rate (bpm):

Temperature (°F):

Respiratory Rate (breaths/min):

Oxygen Saturation SpO2 (%):

## Subjective Evaluation

Chief Complaint:

History of Present Illness (HPI):

## Physical Examination

General Appearance:

Cardiovascular:

Respiratory/Lungs:

Abdomen:

Neurological:

## Clinical Assessment & Plan

Primary Diagnosis / Clinical Impression:

Treatment Plan and Interventions:

Prescribed Medications / Dosing:

Follow-up Instructions:

## Provider Attestation

Attending Physician Name:

Physician Signature:

Date Signed: