Nursing Home Progress Note

Name:___________________________

CC/ HPI

____
____
____
____

_____All systems reviewed and negative except as designated above

____ ROS incomplete due to patient's mental status

PHYSICAL EXAM: Wt:_____T:_____ BP: _____/_____ HR: ______ RR: _____ Pain Scale: _____/ 10 O2 Sat: ____

Gen: No distress / well nourished / well developed / acute distress /frail / obese

HEENT: sclera clear /PERRL / EOMI / TM intact / throat clear / nl hearing___________________________________

Neck: supple / no adenopathy / no thyromegaly / no bruit / JVD ____

CARDIAC: RRR / Irregular rhythm / Murmur ____

LUNGS: CTA / Rales / Wheeze / Regular / Labored____

GI: abdomen: Flat / Distended / Soft / Nontender / Tender / Obese / no mass or HSM / BS present________________

Extremities: Edema / Cyanosis / Club / Tremors / Pedal pulses ____

Musculoskeletal: FROM all joints / no joint erythema / no joint tenderness ____________________________________

Skin: no rashes / no decubiti____

CNS: AO x 3 /CN 2-12 Intact/ focal deficit / confused / ____

Other: ____

UA: ____

```
_________|_________|______/            \________/
         |         |      \            /        \
```

Assessment/Plan:____
____
____
____
____
____
____
____
____
____

_____Patient history was reviewed and I have confirmed the findings in the HPI, unless otherwise stated. Relevant additional findings of the HPI are:____
____

_____I have personally seen & examined the patient & discussed the case with the NP. Additional findings (exam, diagnosis, & treatment plan):
____

_______ **Total time spent with the patient: _______ Discharge > 30 minutes /Discharge < 30 minutes**

Barry D. Hendrix, M.D.

2709 West Kingshighway #6, Paragould Arkansas 72450

Ph 870-236-7272 Fax 870-236-7275 After hours 870-239-2222