HF MEDICAL ASSOCIATES, P.A.

PROGRESS NOTE ADULT

NAME _____

DATE: ___/___/___

BP _____ P _____ R _____ TEMP _____ WT _____ HT _____ Taken by _____

PLAN

Labs UA DIPSTICK
UA/UC&S/CBC/CMP/LIPID/TSH/CULTURE _____ PSA RPR URIO
Other _____

Diagnostic X-RAY _____
PELVIC SONO/OB SONO/TRANSVAGINAL/ECHOCARDIOGRAM/EKG/
HOLTER/BILATERAL MAMMOGRAM/SPOT COMPRESSION/BREAST SONO/
Other _____

Meds Antibiotic _____

Contraceptive _____
GI _____
Cardiovascular _____

Other _____

Diet _____ Exercise _____ Weight Loss _____
Return to Clinic _____ days _____ weeks _____ months _____ routine _____

Henriete Faillace