



Methodist
Le Bonheur Healthcare

INTERNAL MED/HOSPITALIST
INT MED/HOSPITAL
(Adults 18 & older)

LABEL

PROGRESS NOTES

NOTES MUST BE DATED AND SIGNED BY PERSON MAKING ENTRIES

CC: Nonverbal/Comfortable

VS: Tmax: / Afebrile HR: BP: / RR:

NEURO: Motor def Y / N Sens def Y / N Oriented Y / N

CV: Reg / Irreg M G R

RESP: Clear Bil BS: Y / N Wheeze: Y / N O2 Sat:

Rhonchi: Y / N Rales: Y / N Tachypneic Y / N

ABD: Soft Tender: Y / N Distended: Y / N BS: Y / N

Tympanic: Y / N Mass: Y / N TF:

EXT: Edema: Cyanosis: Y / N

LAB:

IMP/PLAN:

Physician Sig: _____

Physician ID# _____

Date _____ Time _____

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PROGRESS NOTES

