

**San Luis Obispo County
MD Outpatient Progress Note**

CLIENT NAME:	CLIENT ID:	SERVICE DATE:

PROGRAM:	PROVIDED AT:	CONTACT TYPE:
PROVIDER:	START TIME:	DURATION:

Reason for today's visit (type of services: routine med follow up, lab reviews, emergency walk-in med eval, etc.):

Interval History (description of patient's functioning since last visit, symptoms reported by patient and to be addressed, adherence to medications, side effects):

CURRENT DIAGNOSIS:	UPDATE DIAGNOSIS:
New Problems Identified:	Vital Signs:

MENTAL STATUS EXAMINATION
Appearance/Behavior:
Motor Activity:

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Orientation/Level of consciousness:
Mood/Affect:
SI/HI:
Speech:
Thought Process:
Thought Content:
Intelligence:
Memory:
Insight:
Judgment:
Impulse Control:
INTERVENTIONS PROVIDED/PLAN

Client ID _____

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MEDICATION(S) PRESCRIBED TODAY INCLUDING DOSE:			
MEDICATION(S) DISCONTINUED TODAY:			
MEDICATION(S) IN ADEQUATE SUPPLY:			
CURES (outcome/concerns):			
REFERRALS:			
LABS:			
REVIEWED:		ORDERED:	
FOLLOW UP APPOINTMENT:		MINUTES SPENT IN COORDINATION OF CARE:	
Clinician Name		Title/License	Date

Client ID _____