

# Health Note

Title: \_\_\_\_\_

Type of Report: Summary | Progress | Event | Occurrence | Medication Change

Creation Date: \_\_\_\_\_

Written By: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Area of Concern: \_\_\_\_\_

(Chief Complaint/Diagnosis)

Date of Event: \_\_\_\_\_

History of Event: \_\_\_\_\_

Outside Resources: (1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

(4) \_\_\_\_\_

Summary: \_\_\_\_\_

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