

GERIATRIC MEDICINE FOLLOWUP NOTE

PATIENT NAME:

TODAY'S DATE:

UCLA ID #:

DOB:

AGE:

FELLOW:

CODE STATUS:

CURRENT MEDICATIONS:

Events since last visit:

Concerns raised by nursing staff:

Patient's subjective report today:

VS: BP:

HR:

RR:

TEMP:

WT:

SKIN:

HEENT:

NECK:

CHEST:

COR:

ABD:

EXTR:

NEURO:

RECENT LABS:

ASSESSMENT:

- 1.
- 2.
- 3.
- 4.
- 5.

PLAN:

- 1.
- 2.
- 3.

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