

ADULT PATIENT'S RESPONSE TO REHABILITATION

Sex: _____ Age: _____ Date of Birth: _____
Marital Status: _____ Race: _____
Ethnicity: _____ Religion: _____

Presenting Complaint: _____
History of Present Illness: _____
Past Medical History: _____
Past Surgical History: _____
Medications: _____
Allergies: _____
Social History: _____
Family History: _____

Review of Systems: _____
Physical Examination: _____
Vital Signs: _____
Laboratory Studies: _____
Imaging Studies: _____
Diagnosis: _____

Table with 4 columns: Date, Description, Assessment, and Plan. It contains multiple rows for tracking patient progress over time.