

Name\_\_\_\_\_

Date\_\_\_\_\_

Patient #\_\_\_\_\_

Clinical Skills  
**Progress Note Evaluation**

<b>1. <u>HISTORY</u></b>	<b>Yes</b>	<b>No</b>
HPI organized	[ ]	[ ]
Contains all elements in proper sequence		
<b>2. <u>PHYSICAL</u></b>	<b>Yes</b>	<b>No</b>
Pertinent positive and negatives	[ ]	[ ]
<b>3. <u>DIAGNOSES</u></b>	<b>Yes</b>	<b>No</b>
At least 3 differential diagnoses relevant to case	[ ]	[ ]
<b>4. <u>DIAGNOSTIC TESTS/PLAN</u></b>	<b>Yes</b>	<b>No</b>
Appropriate for differential diagnosis	[ ]	[ ]
<b>5. <u>OVERALL COMPLETENESS, QUALITY AND INTERPRETATION OF DATA</u></b>	<b>Yes</b>	<b>No</b>
	[ ]	[ ]

Total points\_\_\_\_\_