

Record of Px Encounter

at _____
_____ **Date** _____

Px Reference: _____ **Diagnosis(ses)** _____

Salient Symptoms and History
(Subjective findings)

Objective findings

Assessment

Plan

I was present and observed.....during the patient encounter and confirm that the above summary is a true reflection of that patient encounter:

Signed _____

Name: _____

Position: _____

Contact tel No: _____