

# Outpatient Assessment Checklist

## Patient Information

Name

Date of Birth

Patient ID

## Visit Details

Date of Visit

Physician

## Chief Complaint

## Assessment Checklist

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Vital signs recorded

☐

Medical history reviewed

☐

Current medications verified

☐

Allergies checked

☐

Physical examination performed

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Investigations ordered/checked

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Assessment & plan documented

☐

Follow-up scheduled

## Notes

Clinician's Signature

Name

Date