



Short Procedure and/or
Short Stay
48 Hours or Less
HISTORY & PHYSICAL EXAM
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CHIEF COMPLAINT/HISTORY of PRESENT ILLNESS

(Include pertinent social and family history)

PAST MEDICAL PROBLEMS

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____

MEDICATIONS

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____
- 9. _____
- 10. _____
- 11. _____
- 12. _____
- 13. _____
- 14. _____

ALLERGIES

SOCIAL HISTORY

FAMILY HISTORY

VITAL SIGNS

Temperature _____ Pulse _____ Respiration _____ B/P _____

(over)

PHYSICAL EXAMINATION

AREA	NOT RELEVANT*	NORMAL	ABNORMAL (describe)
NEUROLOGIC			
HEAD/NECK			
EYES			
EARS/NOSE/THROAT			
HEART (CV)			
CHEST/LUNGS			
BREAST			
ABDOMEN			
GENITAL/RECTAL			
EXTREMITIES			
SKIN			
OTHER			
OTHER			

*Check "NOT RELEVANT" only when breast, genital, and rectal exams are not completed.

IMPRESSIONS/PROBLEM

1. _____
2. _____
3. _____
4. _____
5. _____

PLANS

1. _____
2. _____
3. _____
4. _____
5. _____

IMMUNIZATIONS
Pediatrics Only

Immunizations Up-to-date Yes [] No []

If no, what is needed _____

DATA BASE

(as needed)

WBC	Date	Na	Date	Cr	Date
H/H		K+		Gluc	
PLT's		CL		UA	
PT		HCO2		CXR	
PTT		BUN		EKG	

ASSESSMENT/FURTHER COMMENTS

If the history and physical were performed 7 days prior to the date of service, has the patient's condition changes? [] Yes [] No

If changed, please explain: _____

Physician's Signature: _____

Date: _____