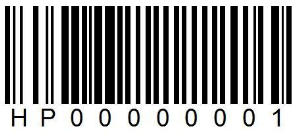


Please fax completed form to: 814-684-6391

Please see your PCP between:

Short Procedure and/or Short Stay
48 Hours or Less
History & Physical Exam

CHIEF COMPLAINT HISTORY of PRESENT ILLNESS
(Include pertinent social and family history)

PAST MEDICAL PROBLEMS	MEDICATIONS	
	1.	8.
	2.	9.
	3.	10.
	4.	11.
	5.	12.
	6.	13.
	7.	14.

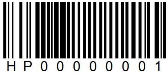
ALLERGIES

SOCIAL HISTORY

FAMILY HISTORY

VITAL SIGNS

Temperature ________________ Pulse ______________ Respiration __________________ B/P ___________________



Penn Highlands Tyrone

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.

IMPRESSION/PROBLEM	PLANS
1. ______	1. ______
2. ______	2. ______
3. ______	3. ______
4. ______	4. ______
5. ______	5. ______

IMMUNIZATIONS (Pediatric Only)

Immunizations Up-to-Date • Yes • No
If No what is needed: ______
______
______

DATA BASE (as needed)

LAB	DATE	LAB	DATE	LAB	DATE
WBC		Na		Cr	
H/H		K+		Gluc	
PLT’s		C;		UA	
PT		HCO_2		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: ______