



HISTORY AND PHYSICAL

Chief Complaint _____
History of Present Illness _____

Past Medical History _____

Past Surgical History _____

Medicines _____

Allergies / Adverse Drug Reaction _____

Family History: Inheritable Disease Y/N _____
Bleeding Dyscrasia Y/N _____ Anesthetic Reaction Y/N _____

Social History: Tobacco Y/N _____ per day ETOH Y/N _____ per day Drug Use Y/N _____ per day
Occupation _____ Single Married Divorced
Age Appropriate _____

REVIEW OF SYSTEMS:

CONST neg _____
HEENT neg _____
SKIN (INTEG) neg _____
CV neg _____
RESP neg _____
GI neg _____
GU neg _____
MUSC neg _____
NEURO neg _____
ENDO neg _____
HEM neg _____
IMMUNO neg _____
OTHER neg _____

**ALL SYSTEMS RELATED TO THE CHIEF COMPLAINT
MUST BE ADDRESSED IN R.O.S**

Physical Exam: BP _____ Pulse _____ Respiration _____ Temperature _____ RA O₂ SAT _____ on _____ L
General _____ Pulmonary _____
Skin _____ CV _____
Neuro _____ Abdomen _____
HEENT _____ Genitalia _____
Neck _____ Rectal _____
Lymph _____ Extremities _____

Diagnostic Test / Results: _____

Final Impression / Plan: _____

Date/ Time: _____
Provider Signature (Print Name)

Updated History And Physical To Be Completed Within 24 Hours Of Surgical Procedure

- History and Physical was reviewed, patient was examined, and no change has occurred in patient condition.
- History and Physical was reviewed, patient was examined, and changes in patient condition are _____

Date / Time: _____
Provider Signature (Print Name)