

NAME:

AGE:

SURGERY DATE:

HISTORIAN:

HISTORY

CHIEF COMPLAINT / PRESENT ILLNESS:

MEDICAL HISTORY

SURGICAL HISTORY

CHILDHOOD DISEASES:

ANESTHESIA COMPLICATIONS:

MEDICATIONS:

ALLERGIES:

SOCIAL HISTORY

ETOH:

DIET:

SMOKING:

CAFFEINE:

DRUGS:

OCCUPATION:

R SKIN / LYMPH:

E HEAD:

Y EYES: LENSES, GLAUCOMA, CATARACTS, VISUAL DISTURBANCES

E ENT: HEARING, EARACHE, EPISTAXIS, SINUS TROUBLE

W NASAL POLYP, SORE THROAT, TEETH

O RESPIRATORY: COUGH, SPUTUM, WHEEZING, OCCASIONAL

F EXPOSURE, SOB, LAST CXR

S CARDIOVASCULAR: CHEST PAINS, PALPITATIONS, LAST EKG

S MI, MURMUR, HYPERTENSION, EDEMA, PHLEBITIS

S GASTROINTESTINAL: PAIN, DYSPHAGIA, NAUSEA

E VOMITING, BOWEL HABITS, LIVER DISEASE

M GENITO-URINARY: U.T.I., STONES, INCONTINENCE

S HEMATURIA, S.T.D.

NAME: _____

GYN: MENSTRUAL HISTORY, PARITY _____ LMP: _____ LAST PAP SMEAR: _____

_____ G _____ P _____ LAST MAMMOGRAM: _____

MUSCULO-SKELETAL: ARTHRALGIA, MYALGIA, TRAUMA _____

ENDOCRINE: DM, HYPOGLYCEMIA, THYROID DISEASE _____

WEIGHT CHANGE _____

NEURO PSYCH: CVA, VERTIGO, SEIZURE _____

HEADACHE, PSYCH Hx _____

HEMATOLOGIC/CANCER: ANEMIA, BLEEDING TENDENCY _____

TRANSFUSIONS: _____ RADIATION TX: _____

FAMILY HISTORY: _____

PHYSICAL EXAMINATION

KEY: C = CAROTID R = RADIAL F = FEMORAL POP = POPLITEAL DP = DORSALIS PEDIS PT = POST TIBIAL (R) = RIGHT (L) = LEFT

TEMPERATURE	PULSE	RESP. RATE	BLOOD PRESSURE	HEIGHT	WEIGHT	GENERAL DESCRIPTION

SKIN: COLOR, EXCORIATIONS, LESION _____

HEAD EYES: PERILLA, EOM, CONJUNCTIVAE, FUNDI, SCLERA _____

ENT: CANALS, TM, SEPTUM, TURBINATES, TEETH, PHARYNX _____

NECK: TRACHEA, THYROID, VEINS _____

NODES: CERVICAL, SUPRACLAVICULAR, AXILLARY, INGUINAL _____

HEART: PMI, RATE, RHYTHM, MURMUR, S₁, S₂ _____

PERIPHERAL VASCULAR

SCALE = 0 - 4

2 = NORMAL

	C	R	F	POP	DP	PT
(R)						
(L)						

EDEMA, COLOR _____

VARICOSITIES _____

CHEST: SHAPE, PERCUSSION, AUSCULTATION _____

BREAST: SYMMETRY, DISCHARGE, MASS, AREOLA _____

ABDOMEN: SHAPE, SCARS, TENDER, MASS, ORGANOMEGALY _____

SPINE: CURVATURE, MOBILITY, TENDERNESS _____

GENITALIA/PELVIC EXAM: HERNIA, EXTERNAL GENITALIA _____

RECTAL EXAM: SPHINCTER, TENDER, MASS, STOOL _____

EXTREMITIES: JOINTS, MUSCLE, ROM _____

NEUROLOGIC: MENTAL STATUS, CN, MOTOR, SENSORY, DTR'S, GAIT _____

DIAGNOSIS: _____

PLAN: _____

N/A F DONE BY:

DATE:

ATTENDING PHYSICIAN: