Dictation Phone #615-7401 or UCH, ext. # 57400

Chief Complaint _____

Present illness _____

Past History _____

Family/Social History _____

Review of Systems	Neg	Pos
HEENT	___	___
Respiratory	___	___
Cardiac	___	___
Gastrointestinal	___	___
Urinary/Gyn	___	___
Bleeding Problem	___	___
Musculoskeletal	___	___
Tobacco Use	___	___
Alcohol Use	___	___

Pertinent physical exam _____

BP_____Pulse_____Resp._____Temp_____

General (nutritional and psych. status) _____

HEENT _____

Chest _____

Heart _____

Abdomen _____

GU/Rectal _____

Extremities _____

Impression _____

Plan _____

Comments _____

Medications _____

Allergies _____

Signature: _____ Print Name _____ Date _____

ADDRESSOGRAPH

History and Physical

University Hospital

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2010

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