

HOSPITAL

**HISTORY & PHYSICAL EXAMINATION
RECORD**

General Appearance

Height / Weight

Vital Signs

Pain (Site / Character)
0-10 Adult
0-5 Ped

HEENT

Neck

Breast

Lungs

Heart

Abdomen

Rectal

Pelvic

Genitalia

Bones, Joints,
Extremities

Pulses

Lymph Nodes

Neurologic

Assessment
and Plan

* Please document reason
if not done.

PHYSICIAN SIGNATURE

PHYSICIAN NAME (PRINT)

TIME

DATE