

Date:

Chief Complaint:

History of Present Illness:

Past History (illness, injuries, childhood diseases, operations):

Family History:

Social History:

Current Medications:

Allergies/Drug Sensitivities:

Coffee/Alcohol/Cigarette/Illicit Drug Use:

Review of Systems:

Individual taking history: MD PA NP Name:

Addressograph

HEALTHCARE
Hospital

HISTORY

Date:
General Appearance:
Vital Signs:
Skin:
Lymphatics:
HEENT:
Neck:
Chest-Heart:
Lungs:
Airway:
Breasts:
Abdomen:
Genitalia-Pelvic:
Rectal:
Musculoskeletal/Extremities:
Neurological:
Impression:
Plan:
Examined By: _____ Attending Physician: _____
Significant change in condition within the 30 days since the original H + P <input type="checkbox"/> No <input type="checkbox"/> Yes Date _____
*If yes and are using a previous original H/P within the 30 days please attach an interval note.

Addressograph

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PHYSICAL EXAMINATION