

HISTORY AND PHYSICAL

VITAL SIGNS	BP	PULSE	RESP	TEMP	HT	WT
<p>ADMITTING DIAGNOSIS:</p> <p>PLANNED PROCEDURE:</p> <p>CURRENT MEDICATION:</p> <p>KNOWN ALLERGIES, INC. MED REACTIONS:</p> <p>HISTORY OF PRESENT ILLNESS:</p> <p>FAMILY HISTORY:</p> <p>PERSONAL HISTORY:</p> <p>MENTAL STATUS:</p>						

HEENT: normal abnormal comments _____

HEART: normal abnormal comments _____

LUNG
AUSCULTATION: normal abnormal comments _____

ABDOMEN: normal abnormal comments _____
bowel sounds normal

MUSCULO/
SKELETAL: normal abnormal not done comments _____

GYNE: normal abnormal not done comments _____

UROLOGY: normal abnormal not done comments _____

RECTAL: normal abnormal not done comments _____

(WHEN ABNORMAL FINDINGS ARE PRESENT, IDENTIFY FINDINGS AND DOCUMENT ADDITIONAL INFO PROVIDED ON COMMENT LINE)

PHYSICIAN SIGNATURE

DATE

TIME