HISTORY AND PHYSICAL

HISTORY

HISTORY AND INDICATIONS FOR PROCEDURE

PAST MEDICAL HISTORY/REVIEW OF SYSTEMS
(List only pertinent items)

☐ No Significant Findings
☐ Hx of Infectious Disease

PAST SURGICAL HISTORY  ☐ None

ALLERGIES OR MEDICATION REACTIONS
☐ None Known  ☐ Latex

MEDICATIONS  ☐ No Medications Taken
☐ See Patient Profile

FAMILY HISTORY  ☐ Non-contributory

PSYCHOSOCIAL HISTORY  ☐ Non-contributory

PEDIATRICS (If Applicable)

☐ Immunizations up to date
☐ Immunization status unknown

PHYSICAL EXAM

PERTINENT DIAGNOSTIC TEST RESULTS
(If Applicable)

SIGNIFICANT FINDINGS

HEART  ☐ WNL
LUNGS  ☐ WNL
MENTAL STATUS  ☐ WNL
HEENT  ☐ WNL
NECK  ☐ WNL
ABDOMEN  ☐ WNL
EXTREMITIES  ☐ WNL
GENITO-URINARY  ☐ WNL
MUSCULOSKELETAL
(If D.O.)  ☐ WNL

DIAGNOSIS

PLANNED PROCEDURE

PHYSICIAN SIGNATURE ________________________________

DATE ____________________ TIME ____________

REQUIRED IF H&P IS > 24 HRS. BUT < 30 DAYS OLD

In the past 30 days patient states:
☐ No health change  ☐ Health change

At time of admission for procedure
☐ The H&P was reviewed, the patient examined, and no change has occurred in the patient's condition since the H&P was completed.
☐ Change recorded in Pre-op Note

Attending Physician Signature ________________________________

Date: _______ Time: _______

601-12 (6/16)