HISTORY AND PHYSICAL EXAMINATION

Patient Name: ______________________________ D.O.B.: __________ Date of Exam: __________

Chief Complaint (Patient's Own Words): ______________________________

History of Present Illness: ______________________________

Past Medical/Surgical History: ______________________________

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☐ No Recent Major Surgeries ☐ No Previous Surgery ☐ No Previous Hx. of Anesthesia Complications ☐ No Family Hx. of Anesthesia Complications

Personal Social History: ______________________________

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REVIEW OF SYSTEMS:

+	System	-	+	System	-
☐	Heart	☐	☐	Endocrine	☐
☐	Lung	☐	☐	Skin	☐
☐	HEENT	☐	☐	Extremities	☐
☐	GI/GU	☐	☐	Nuro	☐

Describe Any Positive Findings: ______________________________

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ALLERGIES: ☐ NKDA ☐ Yes: ______________________________

Medications: ______________________________

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Relevant Family History: ______________________________

PHYSICAL EXAM: Vital Signs: BP: ________ HR: ________ RR: ________ Temp: ________ LMP: ________

General Appearance: No Distress or Anxiety	☐ Yes	☐ No
Eyes, Ears, Nose, Throat, Neck: Normal	☐ Yes	☐ No
Respiratory: Bilaterally Clear	☐ Yes	☐ No
Abdomen: Soft, Non Tender	☐ Yes	☐ No
Cardiac: Regular Rhythm, No Significant Murmur	☐ Yes	☐ No
Skin: No Rashes, Lesions or Ulcers	☐ Yes	☐ No
Neurological: Grossly Intact, Oriented	☐ Yes	☐ No
Extremities: Pulses and Sensation Intact, No Edema	☐ Yes	☐ No
Performed when appropriate to diagnosis:		
Breast: Symetrical, No Lumps, No Discharge	☐ Yes	☐ No
Rectal: No Hemorrhoids, No Pain	☐ Yes	☐ No
Genital: No lesions	☐ Yes	☐ No

Other: ______________________________

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Describe Any Abnormalities: ______________________________

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Clinical Impression: ______________________________

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Plan: ______________________________

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ARNP/PA Signature: ______________________________ Date:__________Time:__________

Physician Signature: ______________________________ Date:__________Time:__________

HISTORY AND PHYSICAL EXAMINATION

HPS JFK-600-10002

Rev. 09/16

Patient Identification/Label