

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: _____

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

Personal Social History: _____

REVIEW OF SYSTEMS:

- + Heart - + Endocrine - Describe Any Positive Findings: _____
- + Lung - + Skin - _____
- + HEENT - + Extremities - _____
- + GI/GU - + Nuro - _____

ALLERGIES: NKDA Yes: _____

Medications: _____

Relevant Family History: _____

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

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

Describe Any Abnormalities: _____

Clinical Impression: _____

Plan: _____

ARNP/PA Signature: _____ Date: _____ Time: _____

Physician Signature: _____ Date: _____ Time: _____

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Patient Identification/Label