

## HISTORY & PHYSICAL

**HISTORY:**

CHIEF COMPLAINT/HISTORY OF PRESENT ILLNESS: \_\_\_\_\_

RELEVANT SOCIAL HISTORY: \_\_\_\_\_

ALLERGIES (INCLUDING LATEX ALLERGIES): \_\_\_\_\_

CURRENT MEDICATIONS: \_\_\_\_\_

PAST MEDICAL (include PSYCHIATRIC HISTORY for Behavioral Health Patients): \_\_\_\_\_

PAST SURGICAL HISTORY: \_\_\_\_\_

Vital Signs, Height & Weight: See Nursing Notes

**REVIEW OF SYSTEMS:**

**DESCRIBE:**

HEENT:	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	<input type="checkbox"/> Deferred	
Skin:	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	<input type="checkbox"/> Deferred	
Musculoskeletal:	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	<input type="checkbox"/> Deferred	
Gastrointestinal:	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	<input type="checkbox"/> Deferred	
Genitourinary:	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	<input type="checkbox"/> Deferred	
Neurological:	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	<input type="checkbox"/> Deferred	

**PHYSICAL:**

**DESCRIBE:**

Mental Status:	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	<input type="checkbox"/> Deferred	
EENT:	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	<input type="checkbox"/> Deferred	
Cardiac:	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	<input type="checkbox"/> Deferred	
Lungs:	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	<input type="checkbox"/> Deferred	
Abdomen:	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	<input type="checkbox"/> Deferred	
Pelvic:	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	<input type="checkbox"/> Deferred	<b>(LMP)</b>
Extremities:	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	<input type="checkbox"/> Deferred	
Rectal:	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	<input type="checkbox"/> Deferred	

Additional Findings/Comments: \_\_\_\_\_

**ASSESSMENT & PLAN:** \_\_\_\_\_

MD Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**HISTORY AND PHYSICAL UPDATE**

- Patient was examined, H & P reviewed, and no change has occurred in the patient's condition since the H & P was completed.
- Patient was examined, H & P was reviewed, and patient's condition has changed since the original H & P report.  
See my written addendum.

MD Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_