

## History and Physical Examination

Patient Name: \_\_\_\_\_

Chief Complaint: \_\_\_\_\_

Past Medical, Social, & Family History (applicable to age): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Past Surgical Procedures: \_\_\_\_\_

\_\_\_\_\_  
Allergies/Reactions: \_\_\_\_\_

Current Medications: \_\_\_\_\_

\_\_\_\_\_

Physical Exam:	Normal	N/A	Abnormal
General Appearance:	<input type="checkbox"/>	<input type="checkbox"/>	_____
HEENT:	<input type="checkbox"/>	<input type="checkbox"/>	_____
Neck:	<input type="checkbox"/>	<input type="checkbox"/>	_____
Chest, Breast:	<input type="checkbox"/>	<input type="checkbox"/>	_____
Heart, Lungs:	<input type="checkbox"/>	<input type="checkbox"/>	_____
Abdomen:	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pelvis, Rectum:	<input type="checkbox"/>	<input type="checkbox"/>	_____
Skin, Nodes:	<input type="checkbox"/>	<input type="checkbox"/>	_____
Extremities, Back, Neuro:	<input type="checkbox"/>	<input type="checkbox"/>	_____

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

\_\_\_\_\_

Pre-Op Diagnosis: \_\_\_\_\_

Plan of Care: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **H&P Update for new date of service.**

At the time of the procedure there was no change to the H&P unless noted below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date of Review: \_\_\_\_\_ Time: \_\_\_\_\_