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:_____

Patient Identification/Label