CHIEF COMPLAINT/HISTORY OF PRESENT ILLNESS: _____

PAST HISTORY: Medical

Active Infection on Admission: ☐ **Yes** ☐ **No** **Type:**

Surgical:	
Allergies:	
Social / Family History:	
Medications: ☐ **None**	

SYSTEMS REVIEW: ☐ **Negative** ☐ **Negative except:**

Physical Exam:

Vital Signs:	**Pediatrics:**	**Vital Signs Reviewed:**
P:	Length/Height:	☐
R:	Weight:	
BP:	Head Circumference: cm	
Temp:	Immunization Status::	

EENT:	**WNL:** ☐ Yes	
Cardiovascular:	**WNL:** ☐ Yes	
Resp / Chest:	**WNL:** ☐ Yes	
GI (abdomen):	**WNL:** ☐ Yes	
Genitourinary: NA*: ☐	**WNL:** ☐ Yes	
Hemo / Lymphatic:	**WNL:** ☐ Yes	
Musculoskeletal:	**WNL:** ☐ Yes	
Skin:	**WNL:** ☐ Yes	
Neuro / Psych:	**WNL:** ☐ Yes	

RESULTS OF RELEVANT DIAGNOSTIC STUDIES: ☐ **None**

IMPRESSION:

PLAN:

H&P COMPLETED BY: _____
(Only required if not completed by an MD / DO) **DATE:** **TIME:**

Date: _____ Time: _____ Signature: ***X*** _____

NOTE: H&P's less than 30 DAYS old may be used if reassessment is documented on the H&P the day of the procedure

Interval Note:

☐ Other:

☐ I have examined the patient and there are no changes.
The patient is still a candidate for the surgery as planned.

Date: _____ Time: _____ Signature: ***X*** _____

Medical City Plano
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PATIENT IDENTIFICATION

Outpatient History and Physical