

ADMITTING EVALUATION HISTORY

Date: _____

Last Name	First Name	Room No.	Patient No.
_____	_____	_____	_____

ALLERGIES: _____

Chief Complaint _____

Present Illness _____

Past History _____

Childhood Diseases _____

Adult Diseases _____

Operations: Injuries _____

Family History _____

Social History _____

Inventory by Systems – General _____

Skin _____

Head – EENT _____

Respiratory & Cardiovascular _____

Gastrointestinal _____

Genitourinary _____

Gynecological _____

Musculoskeletal _____

Neurological _____

Psychiatric _____

Drug Sensitivity _____

**ADMITTING EVALUATION (Cont.)
PHYSICAL EXAMINATION**

Last Name _____

First Name _____

File No. _____

General: Age _____ Height _____ Weight _____ BP _____ Communicable Diseases: Yes No

Skin: _____

Head & Neck: _____

Chest: _____

Heart: _____

Lungs: _____

Abdomen: _____

Genitourinary: _____

Musculoskeletal: _____

Neurological: _____

TREATMENT PLAN

Date/Time _____

Signature of Physician _____