HISTORY AND PHYSICAL

Chief Complaint:_____

_____

_____

Past History:_____

_____

Family History:_____

_____

_____

Allergies:_____

_____

Surgeries Minor:_____

Major:_____

_____

Physical Findings: BP _____ Temp. _____ Pulse _____ Resp. _____ Wt. _____

Head_____

Neck_____

Chest_____

Cardiovascular_____

Abdominal_____

Genitourinary_____

Skin_____

Bones and Joints_____

Glandular_____

Neuromuscular_____

Pain: Present ❍ No ❍ Yes Origin_____ Location_____

Current Diagnosis:_____

_____

_____

REHAB POTENTIAL:_____

PATIENT INFORMED OF MEDICAL CONDITION ❍ NO ❍ YES IF NO, REASON:_____

ADVANCE DIRECTIVES: ❍ NO ❍ YES

PHYSICIAN/PHYSICIAN EXTENDER SIGNATURE/TITLE:_____ DATE: _____

NAME–Last	First	Middle	Attending Physician	Record No.	Room/Bed