

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