

# H&P is to be completed within 30 days of the procedure/admit.

Chief Complaint/History of Present Illness: \_\_\_\_\_

Allergies: \_\_\_\_\_

ASA score (if applicable) \_\_\_\_\_

Meds/Dosages/Frequency: \_\_\_\_\_

Smoking/Drugs/Alcohol: \_\_\_\_\_

Anesth/Surg Complications: \_\_\_\_\_

Family History: \_\_\_\_\_

Social History: \_\_\_\_\_

Past Medical/Surgical History: (check if present)

**Cardiac:**  CHF  CAD  Dysrhythmia  Valve Disease  Hypertension **Renal:**  CRF  Stones

**Diabetes:**  IDDM  NIDDM **Lung:**  COPD  Asthma  TB **Neuro:**  Neuropathy  Dementia  Seizures  CVA

**Anemia:**  Bleeding Problems  Previous Transfusions **Joint:**  Pain  Back Problems **Hepatic:**  Hepatitis

**Other Illnesses:** \_\_\_\_\_

**Previous Surgeries:** \_\_\_\_\_

## PHYSICAL EXAMINATION (See reverse side for Review of Body Systems, if admitted.) Check, if normal.

Vital Signs: Temperature \_\_\_\_\_ Pulse \_\_\_\_\_ Respiration \_\_\_\_\_ BP \_\_\_\_\_

Mental Status:  Normal Comments: \_\_\_\_\_

General Condition:  Normal Comments: \_\_\_\_\_

ENT:  Normal Comments: \_\_\_\_\_

Neck:  Normal Comments: \_\_\_\_\_

Heart:  Normal Comments: \_\_\_\_\_

Lungs:  Normal Comments: \_\_\_\_\_

Abdomen:  Normal Comments: \_\_\_\_\_

Chest:  Normal Comments: \_\_\_\_\_

Skin:  Normal Comments: \_\_\_\_\_

Genitalia:  Normal Comments: \_\_\_\_\_

Extremities:  Normal Comments: \_\_\_\_\_

Pelvic/Rectal:  Normal Comments: \_\_\_\_\_

Neurological:  Normal Comments: \_\_\_\_\_

Osteopathic Structural Exam:  Normal Comments: \_\_\_\_\_

Diagnosis/Impression: \_\_\_\_\_ Planned Treatment/Procedure: \_\_\_\_\_

Physician

Signature \_\_\_\_\_ MD/DO Printed Name \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

### \*CONDITION AT TIME OF SURGERY:

I have examined the patient, reviewed the H & P and there are no changes to the H & P unless noted below.

Physician

Signature \_\_\_\_\_ MD/DO Printed Name \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_



PATIENT IDENTIFICATION

## HISTORY & PHYSICAL EXAMINATION



If patient is an infant, child or adolescent (under 18 years old) the following must be addressed - growth & development, immunization status, educational needs, daily activity needs, and the family's or guardian's involvement.

Ht \_\_\_\_\_ Wt \_\_\_\_\_ Immunization Status \_\_\_\_\_ Family or Guardian Involvement \_\_\_\_\_

Comments: \_\_\_\_\_

**REVIEW OF BODY SYSTEMS** (Check, as necessary)

1.  Weakness  Fatigue  Gain of Weight  Loss of Weight  Change in Sleeping Habits  Chills  Fever  Night Sweats.

Comments: \_\_\_\_\_

2.  Goiter  Intolerance to Heat or Cold  Changes in Voice  Changes in Energy Level  Changes in Urination  
 Excessive Thirst  Excessive Eating.

Comments: \_\_\_\_\_

3.  Skin Color Changes  Tumor(s)  Hair Changes  Nail Changes  Dermatitis  Skin Lesions  Itching.

Comments: \_\_\_\_\_

4.  Anemia  Abnormal Bleeding  Excessive Bruising  Swollen Glands  HIV.

Comments: \_\_\_\_\_

5.  Headache  Dizziness  Seizures  Muscle Weakness  Nervousness  Depression  Loss of Sleep  Memory Loss  
 Abnormal  Fears  Tremors  Paralysis  Double Vision  Hyperventilation  Inner Ear Problems  
 Problems with Muscle Coordination.

Comments: \_\_\_\_\_

6.  Excessive Tearing  Glaucoma  Eye Infections  Loss of Vision  Crossed Eyes  Bulging Eyes  Deafness  
 Earaches  Draining Ears  Ringing in the Ears  Nose Bleeds  Sinus Problems  Nasal Discharge  Postnasal Drip  
 Soreness.

Comments: \_\_\_\_\_

7.  Dental Cavities  Dentures  Tooth Loss  Inflammation of Gums  Coughing  Hoarseness  Wheezing  
 Respiratory Infections  Positive TB Test  Seasonal Allergies  Blood in Sputum.

Comments: \_\_\_\_\_

8.  Chest Pain  Breathing Difficulties  Swelling of Arms or Legs  Murmur  Hypertension  Dyspnea on Exertion.

Comments: \_\_\_\_\_

9.  Nausea  Vomiting  Constipation  Diarrhea  Hemorrhoids  Gas  Stomach Pain  Use of Antacids  
 Use of Laxatives  Blood in Stool  Change in Appetite  Change in Bowel Habits  Ulcers  Trouble Swallowing.

Comments: \_\_\_\_\_

10.  Kidney Stones  Difficulty Starting or Stopping Urination  Kidney Infections  Urinary Urgency  Frequent Urination  
 Inability to Urinate.

Comments: \_\_\_\_\_

11.  Breast Masses/Lumps/Discharge  Pain in Breast(s)  Breast Ulceration(s).

Comments: \_\_\_\_\_

12. Male:  Discharge from Penis  Mass in Testes  Impotence  Tumor(s)  Infertility.

Comments: \_\_\_\_\_

13. Female:  Heavy Menstrual Flow  Pregnancy  Abortion  Hysterectomy  Amenorrhea  Infertility.

Comments: \_\_\_\_\_

14.  Joint Swelling  Back Problems  Disc Problems  Stiffness  Arthritis  Deformity  Joint Pain  Muscle Weakness  
 Joint Redness.

Comments: \_\_\_\_\_

Physician Signature \_\_\_\_\_ MD/DO Printed Name \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_



PATIENT IDENTIFICATION

**HISTORY & PHYSICAL EXAMINATION**